



Acknowledgments

The RAPP evaluation field guide was developed with funding by the Centers for Disease Control and Prevention (CDC). Dr. Winifred King of the Capacity Building Branch, Division of HIV/AIDS Prevention (DHAP), CDC, provided leadership to the conceptualization, development, and distribution of this document. Dr. Aisha Gilliam participated in the development, reviewed the guide, and provided valuable recommendations to the content.

We wish to acknowledge the efforts of the development team of Macro International Inc. and the support of Macro's HIV Project Director, Dr. David Cotton.

It is hoped that this guide will prove useful to those implementing the RAPP program across the nation. It is our goal to keep this guide and its information as current as possible. To achieve this, we welcome your comments. Please contact Aisha Gilliam via electronic mail at aisha.gilliam@cdc.hhs.gov with any comments or concerns.



Table of Contents

Introduction	1
Purpose	1
Modifying Materials	2
Organization of This Document	2
Theoretical Basis and Core Elements	3
Section One: Reporting HIV Prevention Program Information CDC	
NHM&E Program Planning Data	6
NHM&E Client Services Data	17
Section Two: Objectives and Evaluation Questions	18
Evaluation Objectives	18
Formative Evaluation Questions	18
Process Monitoring and Evaluation Questions	21
Outcome Monitoring Questions	25
Section Three: Data Collection Activites and Schedule	28
Data Collection Activities	30
Section Four: Data Collection Protocols	38
Community Assessment Instruments	
Key Informant Interview Guide	
Focus Group Guide	
Spot Interview Guide	
Spot Interview Summary Log	
Community Observation Form	
Community Assessment Summary Log	



Peer Network Instruments

Outreach Encounter Form

Outreach Summary Log

Role Model Story Instruments

Role Model Interview Guide

Role Model Follow-Up Interview Guide

Stage-Based Encounter Instruments

Stage-Based Encounter Activity Form

Stage-Based Encounter Summary Log

Small Group Activity Instruments

Safer Sex Gathering Participant Information Form

Safer Sex Gathering Summary Log

HIV Presentation Summary Log

Community Network Instruments

Community Network Activity Form

Community Network Summary Log

Referral Tracking Form

Appendices

- A: RAPP Behavioral Risk Analysis
- B: RAPP Conceptual Framework
- C: RAPP Logic Model
- D: 2008 National HIV Prevention Program Monitoring and Evaluation Data Set (NHM&E DS) Variable Requirements
- E: References



INTRODUCTION

PURPOSE

The Real AIDS Prevention Project (RAPP) Evaluation Field Guide was developed to provide community-based organizations implementing RAPP with systematic methods to conduct evaluation processes and activities that will inform, guide, and assess their RAPP activities and their effectiveness. The field guide recommends staff responsibilities, indicates how an agency should track intervention activities and collect and manage data, states how data could be analyzed, and suggests plans for the dissemination of the data to RAPP stakeholders. This field guide is designed as a supplement to the Evaluation Capacity Building Guide developed for the Capacity Building Branch (CBB), Division of HIV/AIDS Prevention (DHAP), National Center for HIV, Hepatitis, STD, and TB Prevention (NCHHSTP), Centers for Disease Control and Prevention (CDC), under a contract with Macro International (CDC, 2008a).

This manual is one of several documents disseminated by DHAP to provide information and guidance on HIV prevention program evaluation, data collection, data utilization, and use of the variables included in CDC's National HIV Prevention Program Monitoring and Evaluation Data Set (NHM&E DS). Related documents include:

- **Evaluation Capacity Building Guide.** This guide provides an overview of monitoring and evaluating evidence-based interventions, with particular focus on process monitoring and evaluation activities, tools, and templates (CDC, 2008a).
- National Monitoring and Evaluation Guidance for HIV Prevention Programs (NMEG). This manual provides a framework and specific guidance on using NHM&E DS variables to monitor and evaluation HIV prevention programs (CDC, 2008b).
- **Program Evaluation and Monitoring (PEMS) User Manual.** This how-to manual describes the functionality within the application and provides step-by-step instructions for each module within the Web-based software tool. Screenshots, example extracts of data, and reports are used to illustrate key features included in the PEMS software. You can download this manual at the PEMS Web site (http://team.cdc.gov) under Trainings/PEMS User Manual (CDC, 2008c).
- National HIV Prevention Program Monitoring and Evaluation Data Set. The complete list and description of all M&E variables required for reporting to CDC and optional for local M&E and specific to certain interventions (CDC, 2008d)

Disclaimer: The reporting requirements for the National HIV Prevention Program Monitoring and Evaluation Data Set presented in this document are current as of September 2008. Please refer to the PEMS Web site (https://team.cdc.gov) for the most current reporting requirements.

These documents provide a foundation for monitoring and evaluating HIV prevention programs and reporting required data using PEMS software. Health departments and organizations directly funded by CDC can request monitoring and evaluation technical assistance through the Capacity Building Branch's Web-based system, Capacity Request Information System (CRIS). For more information about and access to CRIS, visit http://www.cdc.gov/hiv/cba. Additional information or technical assistance for the National HIV Prevention Program Monitoring and Evaluation Plan



and the PEMS software may be accessed through the Program Evaluation Branch's National HIV Prevention Program Monitoring and Evaluation Service Center, which you can reach by calling 1-888-PEMS-311 (1-888-736-7311) or e-mailing pemsservice@cdc.gov; visiting the PEMS Web site (https://team.cdc.gov); or contacting the DHAP Help Desk (1-877-659-7725 or dhapsupport@cdc.gov).

MODIFYING MATERIALS

The evaluation questions and data collection forms contained in this document are very general in nature. These questions and data collection forms reflect the reporting requirements of CDC¹ and the basic monitoring and evaluation requirements of RAPP. Your agency may have additional reporting requirements or you may have information needs within your organization that are not reflected in the evaluation questions or data collection forms. The data collection forms and questions can be modified to reflect the needs of your organization. The *Evaluation Capacity Building Guide* provides additional information on developing an agency-specific evaluation plan (CDC, 2008a).

ORGANIZATION OF THIS DOCUMENT

Section One of this document contains an overview of CDC's reporting requirements for RAPP. Section Two contains the evaluation objectives, followed by evaluation questions. A brief narrative that describes the relevance of the question follows each question. The table below each question provides a list of data that would answer the question, methods that can be used to obtain the data, and recommendations on how to analyze the data so that you can use the information. Section Three has data collection tables that summarize the data collection activities arranged by RAPP primary activities, recommend data collection schedules, provide a brief description of agency resources needed, and suggest ways to use the data. Section Four includes all the required and optional RAPP instruments. Each evaluation instrument is arranged by RAPP activity. The appendices consist of the RAPP behavioral risk analysis (Appendix A), conceptual framework (Appendix B), logic model (Appendix C), and a list of the NHM&E DS variables (not all of which are required for this intervention) (Appendix D).²

The development of the RAPP evaluation plan was guided by the development of a behavioral risk analysis (Appendix A), conceptual framework (Appendix B), and RAPP logic model (Appendix C). The risk analysis explores possible circumstances that may place members of the target population at HIV transmission risk and factors that may contribute to that risk. The conceptual framework links the types of intervention activities to the risk and protective factors identified in the behavioral risk analysis. The logic model describes the relationships between risk behaviors, the activities of the

² The variable requirements in Appendix D are for the January 1 and July 1, 2008 data collection periods, excluding variable requirements for HIV Testing and Partner Counseling and Referral Services (PCRS). Since this document only provides a summary of the requirements, please refer to the NHM&E DS (CDC, 2008d) for a more detailed description of definitions and value choices.



¹ NHM&E DS variables for planning, HIV testing, and agency data variables were finalized for January 1, 2008, reporting per the Dear Colleague Letter. The evaluation instruments in this guide are templates designed to capture data for evaluating the RAPP intervention in its entirety. They are also designed to capture most program planning and client services PEMS DVS variables. Agencies should check with their CDC Project Officer or other contract monitors specific RAPP intervention reporting requirements.

intervention, and intended outcomes. Both the situational risk analysis and the logic model are based on program materials and consultations with members of the Science Application Team within CBB.

THEORETICAL BASIS AND CORE ELEMENTS

The Real AIDS Prevention Project (RAPP) is a community-based intervention designed to help reduce the risk of HIV among women and their male partners in high-risk communities. Specifically, the objectives of RAPP are to increase consistent condom use among women and their partners, to change community norms so that practicing safer-sex is seen as the appropriate thing to do, and to involve as wide a range of people in the community as possible.

RAPP is based on three behavioral change theories—the Transtheoretical Model of Behavior Change, the Diffusion of Innovations, and Social Learning Theory. The Transtheoretical Model of Behavior, popularly known as the Stages of Change (Prochaska & DiClemente, 1983; 1985), asserts that behavior occurs in stages, ranging from not considering making a change to making and maintaining a change. Thus, to facilitate behavior change, stage of change readiness must be understood and utilized. Diffusion of Innovations (also called Theory of Diffusion) suggests that people are more likely to adopt a behavior if influential community leaders embrace and endorse that behavior (Rogers, 1995). Finally, Social Learning Theory indicates that people are more likely to adopt a behavior when given the opportunity to learn about the behavior, the behavior is adopted by their peers, they have a chance to increase both knowledge and skills related to the behavior and the behavior results in outcomes that they value (Bandura, 1977).

RAPP has been demonstrated to be effective in increasing consistent condom use among women and their partners and to change community norms so that practicing safer sex is seen as the appropriate thing to do. It is one of the interventions developed by the CDC's Replication of Effective Programs (REP). There are five core elements of RAPP (Table 1). "Core elements are those parts of an intervention that must be done and cannot be changed. They come from the behavioral theory upon which the intervention or strategy is based; they are thought to be responsible for the intervention's effectiveness. Core elements are essential and cannot be ignored, added to, or changed" (CDC, April 2006).

TABLE 1: THE CORE ELEMENTS OF RAPP*

- Peer Network: The peer network is made up of people from the community who volunteer several hours each week to talk to women and men about HIV prevention and related issues. They also distribute condoms, Role Model Stories, and other educational materials which could include referrals for other prevention services such as counseling and testing or other prevention intervention programs.
- Stage-Based Encounters: Stage-based encounters are one-on-one conversations led by the Outreach Specialist who asks questions about attitudes and condom use to find out the person's stage of change. Then, based on the response, give the person a message aimed at encouraging them to begin or continue condom use.
- Role Model Stories: Role model stories are printed short stories based on interviews with people about their decisions to change their behavior. In these stories, people in different situations and stages of change tell about experiences that made them think about, start, or continue using condoms.



TABLE 1: THE CORE ELEMENTS OF RAPP* (CONTINUED)

- Community Network: The Community Network is made up of local businesses, organizations, and agencies that support the project's goals in a variety of ways, including displaying and/or distributing Role Model Stories and other educational materials and sponsoring project activities.
- Small Group Activities: Small-group activities include safer sex gatherings and HIV/AIDS presentations. Safer sex gatherings give people a chance to learn about HIV and to develop safer sex communication and condom use skills. More formal group settings provide a different kind of opportunity to educate community members about HIV and ways to prevent infection.



SECTION ONE: REPORTING HIV PREVENTION PROGRAM INFORMATION TO CDC

CDC has undertaken significant efforts to ensure that the HIV prevention programs it funds are effective in preventing the spread of HIV (Thomas, Smith, & Wright-DeAgüero, 2006). One strategy employed by CDC to strengthen HIV prevention is improving organizational capacity to monitor and evaluate prevention programs (CDC, 2007). The National HIV Prevention Program Monitoring and Evaluation Data Set (NHM&E DS) is a major component of this strategy.

The NHM&E DS is the complete set of CDC's HIV prevention monitoring and evaluation (M&E) variables, including required variables for reporting to CDC and optional variables specific to an intervention or for local M&E. Implementation of NHM&E DS makes it possible for CDC to answer critical national questions about the following:

- demographic and risk behavior of clients being served by its grantees
- resources used to provide these services
- effectiveness of these services in preventing HIV infection and transmission

All HIV prevention grantees funded by CDC are required to collect and report data using the NHM&E DS. CDC has provided various M&E resources to assist grantees in this effort, including the following:

- National Monitoring and Evaluating Guidance for HIV Prevention Programs (NMEG)—describes how to use the NHM&E DS to improve program, inform programmatic decisions, and answer local M&E questions (CDC, 2008b).
- Program Evaluation and Monitoring System (PEMS) software—an optional, secure, browser-based software that allows for data management and reporting. PEMS includes all required and optional NHM&E DS variables (CDC, 2008c).

Disclaimer: The reporting requirements for the National HIV Prevention Program Monitoring and Evaluation Data Set presented in this document are current as of September 2008. Please refer to the PEMS Web site (https://team.cdc.gov) for the most current reporting requirements.

The NHM&E DS is organized into a series of data tables with specific variables. Variables from these tables are captured in the PEMS software in different modules according to categories, (e.g., information about your agency, your HIV prevention programs, and the clients you serve). You should be familiar with following key elements in the NHM&E DS:

- Variables required for reporting to CDC and optional variables needed for the RAPP intervention or for local M&E
- Variable name
- Variable number
- Definition of each variable

This evaluation field guide is designed to help your agency monitor and evaluate your day-to-day implementation of RAPP. Collecting and analyzing RAPP data will help you improve your implementation of RAPP and provide you with information to guide



future planning. This section details only those tables and associated NHM&E DS modules you will use to collect and report information specific to RAPP. Though the data you collect will include NHM&E DS variables, you will collect and use more data than actually submitted to CDC. Please refer to the National HIV Prevention Program Monitoring and Evaluation Data Set (NHM&E DS) for the complete list and description of all M&E variables required for reporting to CDC and optional variables for local M&E.

NHM&E Program Planning Data

Program planning data provide information about what you intend to do. Your program plan describes the following:

- The population you will serve with RAPP
- The name you will use for RAPP within your agency
- The interventions within RAPP you will deliver
- The funds available to support delivery of the interventions
- Staff members who will deliver the interventions
- How the interventions will be delivered
- How many times the interventions will be delivered

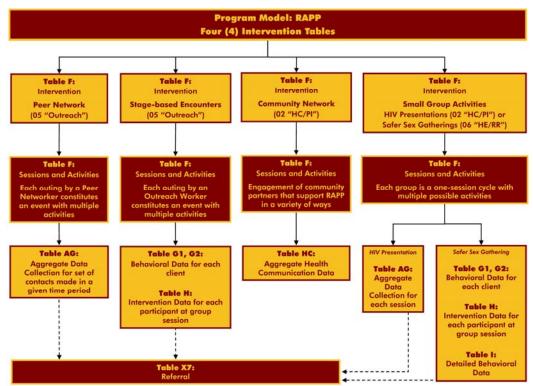
Carefully describing your program is a process that will help your agency determine how to best implement and monitor RAPP. A clearly described and well-thought-out program plan will allow you to use your process monitoring data to conduct process evaluations. Please refer to CDC's Evaluation Capacity Building Guide (CDC, 2008a) for additional information on conducting process evaluations and using that information to plan and improve your implementation of RAPP.

☑ Recommended Activity

Review your client intake and session record forms to ensure that you are gathering all the required NHM&E DS variables and the optional variables specific to RAPP.



The figure below illustrates how RAPP is organized in NHM&E DS:



* In NHM&E DS, reporting on referral information is required when agency staff provide a formal referral for which they intend to conduct a referral follow up.

Table 2 provides guidance on selecting NHM&E DS variables you can use to describe your intervention as you develop your program plan. The table depicts program information variables that are applicable to and required for RAPP. For instance, Program Model Name (NHM&E DS number E101) is labeled "Agency Determined" because the name of your Program Model can be RAPP or any other name determined by your agency. The Evidence Base (NHM&E DS number E102) variable, however, specifies a particular variable code ("1.07") because, regardless of what you have named your program, it is based on RAPP, one of CDC's Effective Behavioral Interventions.

Note that the variables presented in the table include only those specific to monitoring RAPP; additional, agency-specific variables are required. Please refer to the National HIV Prevention Program Monitoring and Evaluation Data Set (CDC, 2008d) or the for the complete list and description of all M&E variables required for reporting to CDC and optional variables for local M&E or the 2008 National HIV Prevention Program Monitoring and Evaluation Data Set Variable Requirements (Appendix D).



TABLE 2: PROGRAM INFORMATION				
Variable	NHM&E DS Number	Variable Code	Guidance	
Program Model Name	E101	Agency determined	You can use RAPP as the Program Model Name or you can give it another name. If you are implementing more than one version of RAPP within the same program (such as implementing RAPP in two different communities with different target populations), each must have a different name. See the CDC National Monitoring and Evaluation Guidance for HIV Prevention Programs (CDC, 2008b) for additional information.	
Evidence Base	E102	1.07	If you were funded to implement RAPP, choose the value choice 1.07. If you are changing or dropping any of the core elements, use the E102 comment box to explain changes.*	
Target Population	E105	Agency determined	RAPP was developed as a community level intervention to help women and their partners reduce their risk for HIV infection. If you are targeting a different population with RAPP, select the appropriate variable code.	

^{*} Organizations funded directly by CDC to implement RAPP are required to adhere to the core elements of the intervention. Other organizations may alter or not follow the core elements at the discretion of their funding agency; however, the program can no longer be called RAPP. If you intend to drop or change a core element of RAPP to meet the needs of your priority populations, use the fields provided in E104 to describe the changes to the core elements.

Intervention plan characteristics provide information about what you plan to do in your implementation of the intervention(s) of RAPP. They describe the activities you intend to implement, the planned number of cycles and sessions, the duration of the cycles, how the intervention(s) within RAPP will be implemented, whether client services data will be collected at the aggregate or individual client level. The table below lists NHM&E DS intervention plan variables with the NHM&E DS number, the variable value code, and guidance to help you understand how to apply these variables when implementing RAPP. Because RAPP has more than one intervention (e.g. peer networks, small group activities, etc.), you will describe your plan for each separately.

Note that the variables presented in Table 3 include only those specific to monitoring RAPP. Additional, agency-specific variables are required. The complete list and description of all M&E variables required for reporting to CDC and optional variables for local M&E or the 2008 National HIV Prevention Program Monitoring and Evaluation Data Set Variable Requirements can be found in Appendix D. Please refer to the National HIV Prevention Program Monitoring and Evaluation Data Set (CDC, 2008d) for further information and updates.



TABLE 3: PROGRAM INFORMATION-INTERVENTION DETAILS PEER NETWORK				
Variable	NHM&E DS Number	Variable Code		Guidance
Intervention Type	F01	05		twork is an Outreach riable value code: 05).
Planned Number of Cycles	F07	9,999	intervention to it	omplete delivery of an ts intended audience. The ach interventions are
				Network, cycles are ble value code: 9,999,9).
Number of Events	F08	1		nber of Peer Network to implement during the eriod.
(Sessions)			Networkers go	Network, each time Peer out into the community to ch is considered an event.
Unit of Delivery	F09	01		twork activities are ividuals (variable value
		08.10	Talk to community	■ 08.10 information – sexual risk reduction
		11.01	members about safer	■ 11.01 discussion – sexual risk reduction
Activity	F10	13.01 13.02	sex Distribute Role Model Stories	■ 13.08 distribution – Role Model Stories
		13.06	Distribute educational	■ 13.06 distribution – educational materials
		13.07	materials, including	■ 13.07 distribution –
		13.08	referral lists	referral lists

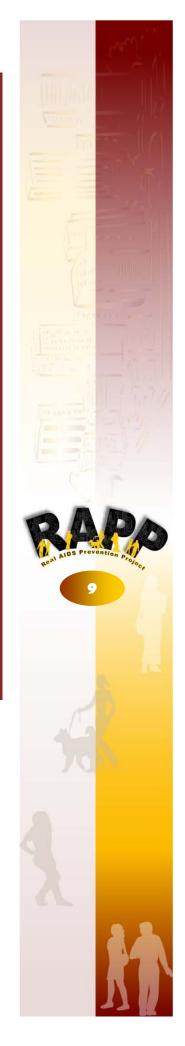


TABLE 3: PROGRAM INFORMATION-INTERVENTION DETAILS PEER NETWORK (CONTINUED)				
Variable	NHM&E DS Number	Variable Code	Guidance	
			Distribute condoms	 13.01 distribution – male condoms 13.02 distribution – female condoms
Delivery Method	F11	01.00 03.00 03.02	message in persand disseminate (03.00, printed printed material pamphlets/brock * Role Model Stothe RAPP Progra a core element is that peer nets	
Detailed Behavior Data Collection	F13	0	the collection o	twork does not require f detailed behavior data variable value code: 0).
Level of Data Collection	F14	2		lected in aggregate for twork (variable value

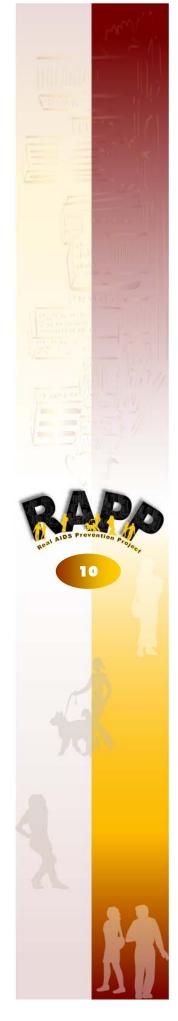


TABLE 4: PROGRAM INFORMATION-INTERVENTION DETAILS STAGE-BASED ENCOUNTERS				
Variable	NHM&E DS Number	Variable Code	Guidance	
Intervention Type	F01	05		ncounters are targeted s (variable value code:
Planned Number of Cycles	F07	9,999,9		outreach interventions ariable value code:
Number of Sessions	F08	Agency determined	Indicate the number of Stage-Based Encounters you plan to implement during the Program Plan period. For RAPP's Stage-Based Encounters, each time Outreach Specialists go out into the community to conduct encounters it is considered an event.	
Unit of Delivery	F09	01	RAPP's Stage-Based Encounters are delivered to individuals (variable value code: 01).	
Activity	F10	05.00 08.01 08.13	Determine client's stage of change for condom use Provide information on risks for HIV infection and/or condom use	 05.00 personalized risk assessment 08.01 information – HIV/AIDS transmission 08.13 information – condom/barrier use
		08.05	Distribute Role Model Stories Distribute	 13.08 distribution – Role Model Stories 13.01 distribution –
Activity (continued)	F10	13.01	condoms	male condoms 13.02 distribution – female condoms
		13.08	Offer HIV testing referrals	 08.05 information – availability of HIV/STD counseling and testing



TABLE 4: PROGRAM INFORMATION-INTERVENTION DETAILS STAGE-BASED ENCOUNTERS (CONTINUED)				
Variable	NHM&E DS Number	Variable Code	Guidance	
Delivery Method	F11	01.00 03.00 03.02	Stage-Based Encounters are delivered in person (01.00, in person) and Role Model Stories are often disseminated during each encounter (03.00, printed materials and 03.02, printed materials –pamphlets/brochures). * Role Model Stories are an integral part of the RAPP Program Model. Because they are a core element and the minimal expectation is that Role Model Stories are distributed during Stage-Based Encounters, they are coded as a delivery method.	
Detailed Behavior Data Collection	F13	0	RAPP's Stage-Based Encounters do not require the collection of detailed behavior data on each client.	
Level of Data Collection	F14	2	Data will be collected at the individual client level for RAPP's Stage-Based Encounters.	

TABLE 5: PROGRAM INFORMATION-INTERVENTION DETAILS COMMUNITY NETWORK				
Variable	NHM&E DS Number	Variable Code	Guidance	
Intervention Type	F01	02	The Community Network is a health communication and public information intervention (variable value code: 02).	
Total Number	F05	Agency determined	The total number of clients equals the planned number of cycles (F07) multiplied by the number of individuals expected to be served in each intervention cycle.	
or Clients			Estimate the number of community members that may receive Role Model Stories or other materials from members of the Community Network.	
Planned Number of Cycles	F07	9	Community Network is an ongoing intervention (variable code: 9).	
Number of Sessions	F08	Agency determined	Enter the total number of sessions you intend to deliver.	



TABLE 5: PROGRAM INFORMATION-INTERVENTION DETAILS COMMUNITY NETWORK (CONTINUED)				
Variable	NHM&E DS Number	Variable Code	Guidance	
Unit of Delivery	F09	05	The Community Network targets an entire community.	
Activity	F10	13.08	Distribute Role Model Stories that address safer sex behaviors/ practices 13.08 distribution - Role Model Stories	
Delivery Method	F11	03.00 03.02	Printed materials=Role Model Stories (variable value code: 03.00 and 03.02, printed materials – pamphlets /brochures)	
Detailed Behavior Data Collection	F13	0	RAPP's Community Network does not require the collection of client-level data (variable value code: 0).	
Level of Data Collection	F14	2	Data will be collected in aggregate for RAPP's Community Network using Health Communication/Public Information (HC/PI) variables (variable value code: 2).	

TABLE 6: PROGRAM INFORMATION-INTERVENTION DETAILS SAFER SEX GATHERINGS				
Variable	NHM&E DS Number	Variable Code	Guidance	
Intervention Type	F01	06	The Safer Sex Gathering is a Health Education/Risk Reduction (HE/RR) intervention (variable value code: 06).	
Total Number of Clients	F05	Agency determined	The total number of clients is equal to the planned number of cycles (F07) multiplied by the number of individuals expected to be served in each cycle. For Safer Sex Gatherings, one session = one cycle. RAPP program materials recommend conducing Safer Sex Gatherings with 6–8 participants.	



TABLE 6: PROGRAM INFORMATION-INTERVENTION DETAILS SAFER SEX GATHERINGS (CONTINUED)				
Variable	NHM&E DS Number	Variable Code	Guidar	nce
Planned Number of Cycles	F07	Agency determined	A cycle is the complete delivery of the RAPP intervention to its intended audience. Calculate how many times you intend to implement the cycle within the Program Model period. Safer Sex Gatherings have one session; each session is one cycle.	
Number of Sessions	F08	Agency determined	Enter the total number intend to deliver.	·
Unit of Delivery	F09	03	Safer Sex Gatherings of small groups with 6–8 (variable value code:	participants
Activity	F10	08.01 09.01 09.03 10.01	of HIV/STDs" — tr Show how to use condoms correctly co	8.01 information HIV/AIDS ansmission 9.01 emonstration – ondom/barrier se
		08.01	condoms co	0.01 practice – ondom/barrier se
Activity	F10	09.01 09.03 10.01	talk to partners dabout using n	9.03 emonstration – egotiation and ommunication
Activity (continued)	F10	10.03	talking to n	0.03 practice – egotiation and ommunication
Delivery Method	F11	01.00	Safer Sex Gatherings person (variable value	
Detailed Behavior Data Collection	F13	0	RAPP's Safer Sex Gatherings do not require the collection of detailed behavior data from each client (variable value code: 0).	
Level of Data Collection	F14	1	Data are collected at client level for RAPP's Gatherings (variable v	Safer Sex

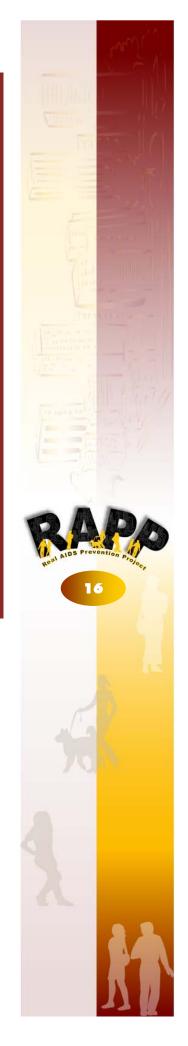


TABLE 7: PROGRAM INFORMATION-INTERVENTION DETAILS SMALL GROUP ACTIVITIES-HIV PRESENTATIONS				
Variable	NHM&E DS Number	Variable Code	Guidance	
Intervention Type	F01	02	The RAPP HIV Presentation is a Health Communication/Public (HC/PI) Information intervention (variable value code: 02).	
Total Number of Clients	F05	Agency determined	RAPP program materials recommend that presentation audience size should be 8–15 participants. Determine the number of presentations and estimate attendance at each presentation to calculate the total number of clients for RAPP HIV Presentations.	
Planned Number of Cycles	F07	Agency determined	A cycle is the complete delivery of an intervention to its intended audience. RAPP HIV presentations are single session interventions. Each session is one cycle. Calculate how many times you intend to implement the cycle within the Program Model period.	
Number of Sessions	F08	Agency determined	Enter the total number of sessions you intend to deliver.	
Unit of Delivery	F09	Agency determined	Presentations should be conducted with 2-12 participants per group. Groups with 2-12 participants are coded as small group (variable value code: 03). Groups with more than 12 participants are coded as large group (variable value code: 04). Determine the number of participants you intend to target for HIV presentations and select the appropriate value choice.	



TABLE 7: PROGRAM INFORMATION-INTERVENTION	DETAILS
SMALL GROUP ACTIVITIES-HIV PRESENTATIONS (CON	TINUED)

	SHALL GROUP ACTIVITIES-HIT PRESENTATIONS (CONTINUED)				
Variable	NHM&E DS Number	Variable Code	G	Guidance	
Activity	F10	08.01 08.05 08.10 13.01 13.02	Provide information about how HIV is spread and how to prevent it Distribute condoms Provide information about where people can get tested for HIV	 08.01 information HIV/AIDS transmission 08.10 information sexual risk reduction 13.01 distribution male condoms 13.02 distribution female condoms 08.05 Information availability of HIV/STD counseling and testing 	
Delivery Method	F11	01.00		ivities are delivered in value code: 01.00)	
Detailed Behavior Data Collection	F13	0	RAPP's HIV Prese require the colle behavior data o value code: 0).		
Level of Data Collection	F14	2		ed in aggregate for entations (variable	



NHM&E CLIENT SERVICES DATA

Client services data provide information about the clients who are receiving services and information about each service session or encounter in which the client participates. Client services data describe the demographic and risk characteristics of

individuals receiving HIV prevention services through RAPP, the sessions that clients participated in, and the activities implemented during those sessions. The client services data for RAPP involve the collection of client level data for NHM&E DS tables H, G1, and G2.

Client services data provide your agency with process monitoring data. These data allow you to monitor who you are serving and what you are doing. You compare information from your implementation of RAPP with what you included in your plan. This will help ensure that your activities and your participants are consistent with your plan.

Client-Level Data

Specific information is gathered about each client (e.g., "The client was a 19-year-old Hispanic female").

Aggregate-Level Data

Taking the information from each client, adding it together with all the other clients who took part in the intervention, and coming up with a summary number that represents all the clients (e.g., "12 women participated: 5 were White, 5 were African-American, and 2 were Asian American; 6 were younger than 24, and 6 were between 25 and 29.").



SECTION TWO: OBJECTIVES AND EVALUATION QUESTIONS

This section includes objectives relative to the intervention and related evaluation questions. The objectives and evaluation questions are organized by stage of monitoring and evaluation—formative, process, and outcome. Below each question is a brief rationale for why the question is important. Following the rationale is a table which describes the types of data needed, potential data sources, and how data may be analyzed to answer the question.

These questions will help your agency collect data that can be used for program planning improvement and planning. Your agency may choose to ask additional questions. As your agency and stakeholders develop and prioritize questions, it may be beneficial to define the importance of the question and use the table to identify data sources. This will help your agency determine the feasibility of answering questions.

RAPP Program Objectives

The objectives that will be addressed as part of the RAPP evaluation are as follows:

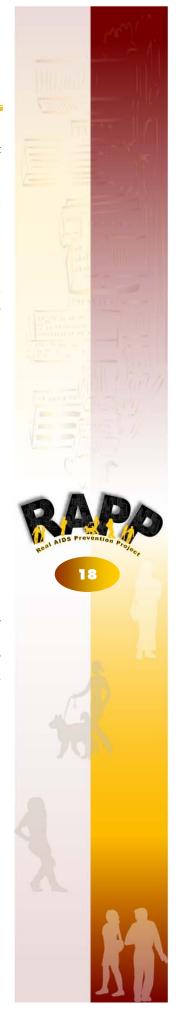
- To determine the specific characteristics and needs of the target community to inform planning and implementation of RAPP
- To implemented RAPP as intended
- To influence community change

The evaluation questions your agency develops should address the extent to which the objectives of the program were met.

FORMATIVE EVALUATION QUESTIONS

Formative evaluation questions can be used to understand the needs of the population and/or community targeted and to guide the development of your program plan. Formative evaluation questions address issues such as "What are community members' attitudes about condom use?" "Where do members of the target population go to receive HIV prevention information?" "What factors influence the risk behaviors of the target population?"

RAPP includes a formative evaluation as one of the pre-implementation activities. The following questions are examples of formative evaluation questions for RAPP.



1. What are the risk behaviors among members of the target community?

RAPP will be most effective if it is tailored to the specific population whose behavior is being addressed. It is imperative to understand the practices that put members of your target community at risk for HIV before implementation so that activities and processes may be tailored to meet the particular needs of those you are trying to reach.

Data	Data Source/Methods	Analysis
 Sexual risk behaviors that put members of target community at risk for HIV Attitudes toward condom use Social and community norms around condom use Attitudes/beliefs about HIV/AIDS 	 Key informant interviews Focus groups Community observation Spot interviews State/community epidemiological data Staff meeting minutes/notes 	Review for trends in risk behaviors, attitudes, norms, etc., that may affect intervention implementation

2. How should RAPP activities be modified to meet the specific needs of the target community and its members?

Collecting information about the community in which RAPP will be implemented leads to identifying community-specific characteristics and norms (including cultural, social, and socioeconomic financial factors). Identifying community characteristics and norms ensures that these important qualities and cultural and social standards are incorporated into program activities (e.g., Role Model Stories, Safer Sex Gatherings, HIV Presentations).

Data	Data Source/Methods	Analysis
 Characteristics of community and its members (e.g., culture, education level) Community needs Community perception of HIV risk 	 Key informant interviews Focus groups Community observation Spot interviews State/community epidemiological data Staff meeting minutes/notes 	Review for ways RAPP activities may be adapted to better meet needs of target population



3. What is the predominant stage of change for risk behavior among members of the target community?

It is important to determine the proportion of Role Model Stories that should be written for each stage of change. Well-written Role Model Stories require considerable resources and effort in order to make them relevant to a particular target population, and must include influencing factors specific to the risk behaviors and characteristics of the community in which you are working.

Data	Data Source/Methods	Analysis
 Overall stage of change regarding condom use in community Proportion of individuals in target community in each stage of change 	 Key informant interviews Focus groups Community observation Spot interviews Community assessment summary log 	 Identify predominant stages of change so that community-specific Role Model Stories may be drafted accordingly

4. Where can members of the target community be effectively reached?

It is important to determine where you have access to members of your target community. Understanding the characteristics and norms of the community and its members will facilitate recruitment efforts as well as RAPP activity implementation.

Data	Data Source/Methods	Analysis
 Locales frequented by members of target community (including when they are there) Areas accessible by RAPP staff Gatekeepers in the community 	Key informant interviewsFocus groupsCommunity observationSpot interviews	■ Compare areas trafficked by members of target community and accessible venues to determine where best to focus RAPP efforts (recruitment and activity implementation)

5. What are the most effective ways to reach members of the target community?

It is critical to determine the most effective methods that should be employed to reach your target audience. As mentioned above, understanding and working within the preferences of the community members will facilitate recruitment efforts as well as RAPP activity implementation.

Data	Data Source/Methods	Analysis
 Communication preferences of members of target community Activity types preferred by members of target community 	Key informant interviewsFocus groupsCommunity observationSpot interviews	Review feedback from community members about methods they prefer so that you may structure recruitment and activities accordingly



PROCESS MONITORING AND EVALUATION QUESTIONS

The following are potential process monitoring and evaluation questions that stakeholders may ask about your agency's implementation of RAPP. Process monitoring information allows you to get a picture of the activities implemented, populations served, services provided, or resources used. This information can be used to inform program improvement and to conduct process evaluation. Process monitoring information often answers questions such as "What are the characteristics of the population served?" "What intervention activities were implemented?" and "What resources were used to deliver those activities?"

Process evaluation involves an analysis of process data that facilitates comparison between what was planned and what actually occurred during implementation. Process evaluation allows you to determine if your process objectives can be met and provides information that guides planning and improvement. Process evaluation questions address issues such as "Was the intervention implemented as planned?" "Did the intervention reach the intended audience?" and "What barriers were experienced by clients and staff during the course of the intervention?"

1. Which of the core elements were implemented?

It is important to know if all of the core elements of RAPP were implemented in order to learn whether the intervention was implemented as intended and consistent with the design of the intervention.

Data	Data Source/Methods	Analysis
 Number of Peer Network outreach events and contacts Number of Stage-Based Encounters conducted Number of Role Model Stories distributed Number of agencies/organizations involved in the Community Network Number of Safer Sex Gatherings hosted Number of HIV Presentations facilitated 	 Outreach logs Community network logs Small group activity logs Facilitator/staff notes 	■ Compare activities conducted with the core elements as described in the RAPP Program Manual



2. Which of the core elements were implemented with fidelity?

It is important to know if an agency's implementation of the RAPP core elements matches the intended implementation described in the manual. An agency's implementation of RAPP will affect the outcomes produced.

Data	Data Source/Methods	Analysis
 Peer Network outreach content and activities Stage-Based Encounter content and activities Number and type of Role Model Stories developed and distributed Information about Community Network members and level of participation (e.g., sponsorship, endorsement, support) Small Group Activity content and activities Information about appropriate training for Peer Network volunteers and Outreach Specialists 	 Outreach activity forms and logs Role model interviews Community network activity forms and logs Small group activity forms and logs Facilitator/staff notes Training logs/attendance sheets 	■ Compare the descriptions of the core elements conducted with the descriptions of the core elements in the RAPP Program Manual

3. How and why was the program activities modified?

While agencies may modify program activities based on agency resources, priorities, and in consideration of current activities as long as the core elements are maintained, it is important to know how and why activities were changed and how the changes will affect the anticipated outcomes. For example, intervention activities may be tailored or modified to accommodate cultural nuances of the target population (e.g., beginning small group activities reading a culturally appropriate poem), but modifications should be carefully documented for later review and analysis.

Data	Data Sources/Methods	Analysis
 Characteristics of the community and its members (i.e., community assessment information) Peer Network outreach content and activities Stage-based Encounter content and activities Number and type of Role Model Stories developed and distributed 	 Key informant interviews Focus groups Community observation Spot interviews Outreach activity forms and logs Role model interviews Community network activity forms and logs Small group activity forms and logs 	■ Identify activities not conducted as written in RAPP Program Manual or activities modified (e.g., content, delivery method, etc.) and rationale for changes



Data	Data Sources/Methods	Analysis
 Information about Community Network members and level of participation (e.g., sponsorship, endorsement, support) Small Group Activity content and activities 	Facilitator/staff notesStaff meeting minutes/notes	

4. What was the risk profile of the community served?

RAPP was intended for communities whose members are at high risk for becoming infected with HIV because of inconsistent, inappropriate, or no condom use.

Data	Data Sources/Methods	Analysis
 Behavioral risk data of members in target community Behavioral risk data of program activity recipients (e.g., those in attendance at Safer Sex Gatherings) 	 State/community epidemiological data Local CBOs' HIV prevention data Outreach activity forms and logs Small group activity forms and logs Key informant interviews Focus groups Community observation Spot interviews 	Review information to determine if population served shared the same risk profile as intended target community

5. What were the demographic characteristics of the community members served?

RAPP was designed to increase the condom use of women with their male partners in communities at high risk for HIV infection. A demographic profile of the community members served by the program demonstrates that the population for which the intervention is intended is being reached. The information also provides information that can be used to inform the development of other prevention activities.

Data	Data Sources/Methods	Analysis
 Age Race Ethnicity Gender Education level Employment status Sexual orientation 	 Outreach activity forms and logs Small group activity forms and logs Community observation Facilitator/staff notes Staff meeting minutes/notes 	Examine the demographic characteristics of members of the community to determine if demographic profile of individuals served matches intended target population



6. What proportion of the target population was served by the intervention?

An agency needs to determine the number of people in its target population and the proportion of that population that is being served by RAPP. This information can be used to guide planning.

Data	Data Sources/Methods	Analysis
 Number of individuals in target community Number of individuals reached by RAPP activities Number of Peer Network contacts Number of Stage-Based Encounters conducted Number of Role Model Stories distributed Number of agencies/organizations involved in the Community Network and level of participation Number of, and attendance at, Safer Sex Gatherings Number of, and attendance at, HIV Presentations 	 Census data HIV surveillance data Outreach logs Community network logs Small group activity logs Attendance sheets 	Determine the proportion of individuals reached by RAPP activities by comparing the number reached by RAPP activities with the total number of individuals in the target population

7. What were the barriers to, and facilitators of, implementation?

Identifying the barriers (what made it difficult) to implementing RAPP can help and enhance or improve strategies used to implement the intervention. It is also important to identify facilitators (what made it easy) to implementing RAPP to recognize successful implementation activities and approaches.

Data Data Sources/Methods		Analysis
 Challenges and facilitators identified during Community Assessment activities Challenges and facilitators identified by Peer Network volunteers, Outreach Specialists, and other RAPP staff Challenges and facilitators mentioned by RAPP participants 	 Key informant interviews Focus groups Community observation Spot interviews Outreach activity forms and logs Community Network activity forms and logs Small group activity forms and logs Facilitator/staff notes Staff meeting minutes/notes 	Examine challenges/ facilitators identified for common themes so modifications can be made, if necessary



OUTCOME MONITORING QUESTIONS

Outcome monitoring involves reviewing and assessing changes that occurred after exposure to the intervention, such as changes in the knowledge, attitudes, behaviors, or service access of individuals who participated in the intervention; or changes in community norms or structural factors. Answers to outcome monitoring questions allow you to determine if your outcome objectives were met. Outcomes include changes in knowledge, attitudes, skills, or behaviors. Outcome monitoring answers the question, "Did the expected outcomes occur?"

1. To what extent was there a change in skills, knowledge, and intention to adopt safer sex practices among community members?

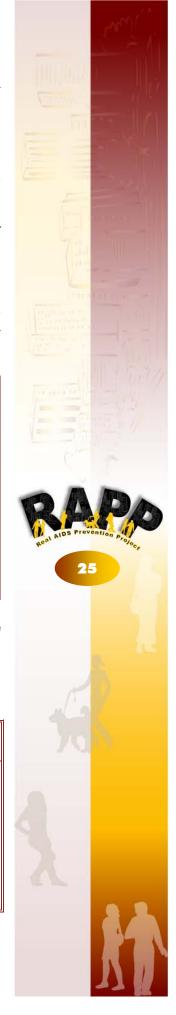
These data provide information about the effectiveness of the intervention in terms of knowledge, skills, and attitudes of the community. Changes include an increase or decrease in condom use skills, knowledge or intentions reported by participants or observed by small group facilitators, Peer Networkers, and/or Outreach Specialists.

Data	Data Sources/Methods	Analysis
 Participants' self-report of skills, knowledge, and/or intention to adopt safer sex practices Observation of demonstrated skills (e.g., condom use, condom negotiation) during outreach and small group activities 	 Outreach encounter activity forms and logs Small group activity forms and logs Participant observations Spot Interviews (informal) 	 Examination of change reported by individuals engaged in Stage-Based Encounters, Peer Network outreach, or Small Group Activities Examination of participant observations (e.g., condom use skills exhibited during Safer Sex Gathering)

2. What proportion of small group participants reported intention to increase the frequency of condom use?

This information determines whether or not there is a change in condom use norms among members in the target community.

Data	Data Sources/Methods	Analysis
 Participants' self-report of intention to increase condom use Perceptions and comments about condom use observed during small group activities 	 Small group activity forms and logs Participant observation Spot interviews (informal) 	 Review small group activity logs for changes in reported condom use intentions and behavior Review small group activity logs for changes in observations regarding condom use intentions and behavior



3. What proportion of community members engaged in Stage-Based Encounters reported increased frequency of condom use?

This information provides insights on the percentage or proportion of all encounters, wherein involved community members advanced through progressive change stages and reported increases in condom use. Depending upon the stages of change readiness, those changes could be adoption of condom use behaviors, consistent use of condoms, or maintenance of condom use behaviors.

Data	Data Sources/Methods	Analysis
 Participants' self-report of condom use Perceptions and comments about condom use by Outreach Specialists and/or Peer Network volunteers 	 Outreach activity forms and logs Participant observation Spot interviews (informal) 	 Review outreach logs for changes in reported condom use behavior Review outreach logs for changes in observations regarding condom use behavior

4. What changes in the perception of condom use occurred in the community?

This information indicates whether or not attitudes toward condom use in the community are changing. For instance, a change in community perceptions may include an increase in the number of local businesses or organizations that display Role Model Stories or increased sales of condoms in community stores.

Data	Methods	Analysis
 Community members' attitudes toward condom use Number of businesses and organizations that display Role Model Stories and/or provide HIV prevention materials Number of businesses and organizations that provide/sell condoms Condom sales in target community (e.g., increase in condom sales in neighborhoods frequented by Peer Network volunteers) 	 Key informant interviews Focus groups Community observation Spot interviews Outreach activity forms and logs Small group activity forms and logs Community network activity forms and logs Facilitator/staff notes Staff meeting minutes/notes Community/public forums 	Review logs and observations over time to identify changes, if any, in perceptions of condom use



5. What changes occurred in the number of community businesses and organizations involved in HIV prevention activities?

A change in community involvement may reflect a change in community norms around condom use.

Data	Methods	Analysis
 Number of community organizations/businesses that have been recruited for the Community Network Number of community organizations/businesses that endorse RAPP activities (e.g., supply Role Model Stories, display RAPP logo in window) Number of community organizations/businesses that support HIV Prevention presentations or Safer Sex Gatherings (e.g., provide meeting space for small group activities) Number of community organizations/businesses that participate in RAPP activities (e.g., actively hand out and discuss Role Model Stories) Number of community organizations/businesses that are involved in coalition building activities for RAPP (e.g., an agency convenes a meeting with influential community members to discuss issues related to RAPP's goals) 	 Community network logs Observation at community forums/meetings 	Compare the number of businesses/organizatio ns in Community Network when project started with after RAPP implementation

6. What changes in HIV testing behavior occurred in the community?

These data will yield information regarding HIV testing behaviors and patterns in the community, such as an increase or decrease in the number of locations in the community that offer HIV testing, or the number of people in the community who mention they have been tested by Peer Networkers or Outreach Specialists or during small group events.

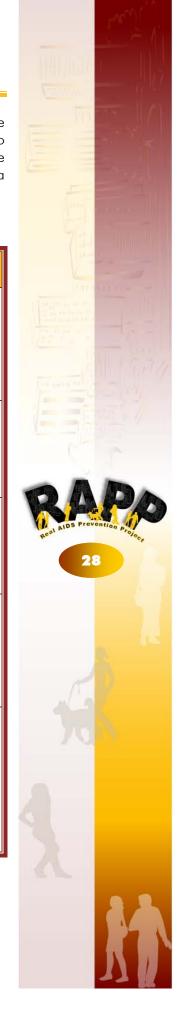
Data	Data Sources/Methods	Analysis
 HIV testing data from local health department, hospital, or clinic Number of people in the community who know their HIV status Number of places in the community that offer HIV testing Number of places where HIV testing and educational information is available in the community 	 State/community epidemiological data Local CBOs' HIV prevention data Count of HIV testing sites and educational centers in community Community network activity forms and logs Outreach activity forms and logs Small group activity forms and logs 	 Compare HIV testing rates during the community assessment and after intervention started Review outreach logs for changes in HIV testing behaviors or intentions among members of target community Compare the number of places in the community where testing was available during community assessment and after intervention started Compare the number of places in the community that provide HIV testing and/or HIV information, including those in the Community Network

SECTION THREE: DATA COLLECTION ACTIVITIES AND SCHEDULE

This section describes the data collection processes and instruments for RAPP. The table below (Table 8) indicates when each instrument should be administered, who administers the instruments, and by whom the instrument is completed. The subsequent tables (Tables 9–13) provide more in-depth detail regarding data collection activities and schedules for each component of RAPP.

TABLE 8: DATA COLLECTION SCHEDULE

INSTRUMENT	WHEN TO USE	ADMINISTERED BY	COMPLETED BY
Key Informant Interview Guide (required)	During each key informant interview conducted during RAPP's Pre- Implementation phase	Outreach StaffProject Manager	Outreach StaffProject Manager
Focus Group Guide (required)	During each focus group conducted during RAPP's Pre- Implementation phase	Outreach StaffProject ManagerConsultant	Outreach StaffProject ManagerConsultant
Spot Interview Guide (optional)	During each spot interview conducted during RAPP's Pre- Implementation phase	Outreach StaffProject Manager	Outreach StaffProject Manager
Spot Interview Summary Log (optional)	At the conclusion of all spot interviews conducted during RAPP's Pre- Implementation phase	Outreach StaffProject ManagerData AnalystAdministrative Staff	 Outreach Staff Project Manager Data Analyst Administrative Staff
Community Observation Form (optional)	During each community observation event/outing conducted during RAPP's Pre- Implementation phase	Outreach StaffProject Manager	Outreach StaffProject Manager



INCTRUMENT	WHEN TO HEE	ADMINISTERED	COMPLETED
INSTRUMENT	WHEN TO USE	ADMINISTERED BY	COMPLETED BY
	At the conclusion of all community	■ Project Manager	■ Project Manager
Community	assessment activities	■ Data Analyst	■ Data Analyst
Assessment Summary Log (optional)	conducted during RAPP's Pre- Implementation phase	■ Administrative Staff	Administrative Staff
Outreach Encounter Form (optional)	During each outreach encounter	Outreach Staff	■ Outreach Staff
Outreach Summary Log (required)	At conclusion of each outreach event (includes Stage- Based Encounters)	Outreach Staff	■ Outreach Staff
Role Model	During each role	Outreach Staff	Outreach Staff
Interview Guide (required)	model interview	■ Project Manager	■ Project Manager
Role Model	After each role	■ Outreach Staff	■ Outreach Staff
Follow-Up Interview Guide (optional)	model interview conducted	■ Project Manager	■ Project Manager
Ci D I	During each Stage- Based Encounter	Outreach Specialists	Outreach
Stage-Based Encounter Activity	basea Encounter	■ Trained Peer	Specialists
Form (required)		Network Volunteers	■ Trained Peer Network Volunteers
	Following each	Outreach Staff	Outreach
Stage-Based	Stage-Based Encounter event,	■ Project Manager	Specialists
Encounter Summary Log (required)	weekly, or monthly (agency should define regular schedule)		■ Trained Peer Network Volunteers
Safer Sex	During each Safer	■ Facilitator	■ Participant
Gathering Participant Information Form (required)	Sex Gathering (exact time during gathering may vary)		
Safer Sex	At conclusion of	■ Facilitator	■ Facilitator
Gathering Summary Log (required)	each Safer Sex Event	- radinard	- i delinator

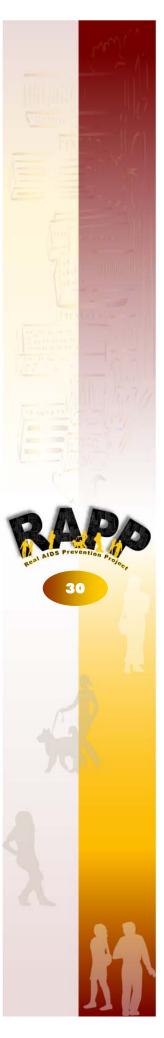


INSTRUMENT	WHEN TO USE	ADMINISTERED BY	COMPLETED BY
HIV Presentation Summary Log (required)	At conclusion of each HIV presentation	■ Facilitator	■ Facilitator
Community Network Activity Form (optional)	After each Community Network visit	■ Agency Staff	■ Agency Staff
Community Network Summary Log (required)	Ongoing, as Community Network activities proceed	■ Agency Staff	■ Agency Staff
Referral Tracking Form	As referrals are made	 Agency Staff providing referral (e.g., facilitator, outreach worker) 	Agency Staff providing referral

DATA COLLECTION ACTIVITIES

The tables below (Tables 9–13) are arranged by RAPP activity. Each table indicates when data should be collected, resources needed to collect data, data provided by the instruments located later in this field guide, how the data can be analyzed, the evaluation questions the data will answer, and ways to use the data to plan, implement, and improve your implementation of RAPP.

	TABLE 9: COMMUNITY ASSESSMENT
	■ Community member self-report
Data Collection	Community observation
Methods	State/community epidemiological data
	Staff meeting minutes/notes
	Key Informant Interview Guide
Instruments	■ Focus Group Guide (with Sample Consent Form)
	Spot Interview Guide
	Spot Interview Summary Log
	■ Community Observation Form
	Community Assessment Summary Log
When to Collect	During planning phase
Data	■ Within first 6 to 8 weeks of project



TABL	E 9: COMMUNITY ASSESSMENT (CONTINUED)
Resources Needed	Staff time to recruit key informants and conduct interviews (key informant interviews are required; spot interviews are optional)
	Staff time to recruit participants and conduct focus groups
	Staff time to observe community activities (optional)
	Staff time to organize data
	 Database to manage assessment data (e.g., spreadsheet to manage qualitative data and conduct thematic analysis)
	Expertise to analyze data
Data Provided	Characteristics of the community and its members
	 Community culture, including preferred methods of communication and activities
	■ Community needs, issues, and perceptions of HIV risk
	 General perception of community's stage of change regarding condom use
Analysis	■ Theme analysis of interview, focus group, and observation data
7 triarysis	Descriptive analysis of epidemiological data
Related Evaluation Questions	What are the risk behaviors among members of the target community?
	How should RAPP activities be adapted to meet the specific needs of the target community and its members?
	What is the predominant stage of change for risk behavior among members of the target community?
	■ Where can members of the target community be effectively reached?
	What are the most effective ways to reach members of the target community?
Possible Uses of Data	 Identify community-specific risk behaviors to inform peer network, stage-based encounters, and small group activities
	 Identify community characteristics so activities are appropriate for members of target community
	■ Help ensure access to target population
	 Identify possible Small Group Activity participants
	■ Identify possible Peer Network volunteers
	■ Identify possible members of the Community Network
	■ Identify service and HIV prevention gaps for future planning

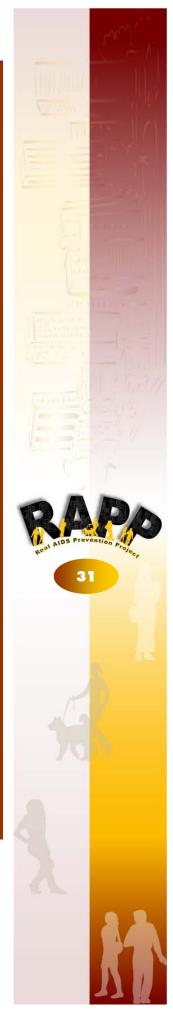
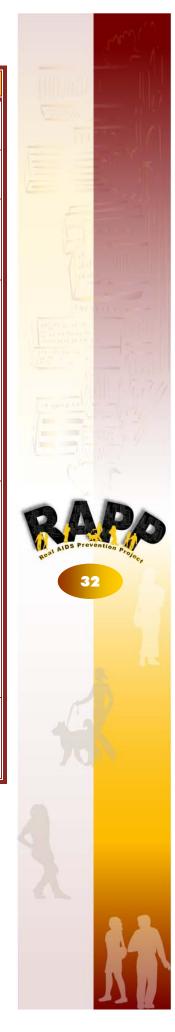


TABLE 10: STAGE-BASED ENCOUNTERS	
Data Collection Methods	■ Participant self-report
	Observation
Instruments	Stage-Based Encounter Activity Form
	■ Stage-Based Encounter Summary Log
When to Collect Data	 Encounter forms should be completed immediately following each Stage-Based Encounter event
	 Summary logs should be completed on agency-defined schedule (daily, weekly)
Resources Needed	Outreach Staff
	Staff time to supervise outreach staff
	 Resources to train outreach staff (Outreach Specialists and, possibly, peer network volunteers)
	 Materials for outreach workers to distribute (e.g., Role Model Stories, condoms, educational materials)
	Collaborative relationship with organizations for referrals
	■ Time and resources to compile the data
	■ Database to manage the data
Data Provided	 Number and characteristics of people reached, including change readiness information and risk profile
	 Materials distributed and referrals made (and any other activities conducted)
	■ Location of Stage-based Encounters
	■ Number of Stage-based Encounters conducted
	■ Clients' stage of change
	 Other activities implemented other than those specified in RAPP Program Manual
	Challenges/facilitators of implementation
Analysis	 Data should be compiled at the end of each outreach event for descriptive analysis
	 Data should be reviewed across Stage-Based Encounters to identify themes/trends

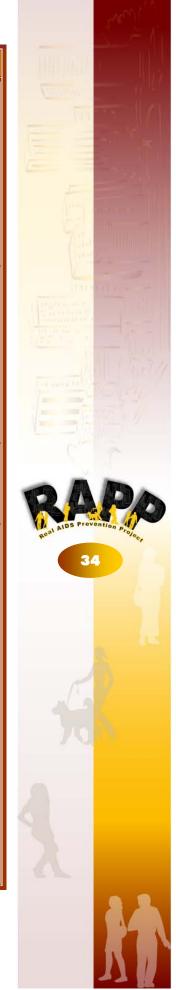


TABL	E 10: STAGE-BASED ENCOUNTERS (CONTINUED)
Related	■ Which of the core elements were implemented?
Evaluation Questions	■ Which of the core elements were implemented with fidelity?
	■ How and why were the program activities modified?
	■ What was the risk profile of the community served?
	What were the demographic characteristics of the community members served?
	What proportion of the target population was served by the intervention?
	■ What were the barriers to, and facilitators of, implementation?
	Was there a change in skills, knowledge, and intention to adopt safer sex practices among Small Group, Peer Network, and Stage-Based Encounter participants?
	What proportion of community members engaged in Stage-Based Encounters reported increased frequency of condom use?
	Was there a change in the perception of condom use in the community?
	■ What changes occurred in community HIV testing behavior?
	 Make changes to or improve implementation of Stage-Based Encounters
Possible Uses of	■ Modify Role Model Stories to meet community needs
Data	Determine if tailoring achieves similar outcomes
	■ Ensure that targeted population is being reached
	■ Identify challenges/facilitators of implementation

	TABLE 11: PEER NETWORK
Data Collection	■ Participant self-report
Methods	Observation
Instruments	Outreach Encounter Form
mismorniems	Outreach Summary Log
When to Collect	■ During peer networking outreach activities (Outreach Encounter Form)
Data	Summary log on agency defined schedule (e.g. weekly, monthly)



	TABLE 11: PEER NETWORK (CONTINUED)			
Resources	■ Peer Network volunteers			
Needed	Staff time to supervise peer network volunteers			
	■ Resources to train volunteers			
	 Materials for peer network volunteers to distribute (e.g., Role Model Stories, condoms, educational materials) 			
	■ Collaborative relationship with organizations for referrals			
	■ Time and resources to compile the data			
	■ Database to manage the data			
	Number and characteristics of people reached			
	 Materials distributed and referrals made (and any other activities conducted) 			
Data Provided	■ Location of peer network activities			
Bala Freviaca	 Number of Stage-Based Encounters conducted (if applicable) 			
	 Other activities implemented other than those specified in RAPP Program Manual 			
	■ Challenges/facilitators of implementation			
Analysis	 Data should be compiled at the end of each outreach event for descriptive analysis 			
, and you	 Data should be reviewed across peer network activities to identify themes/trends 			
	■ Which of the core elements were implemented?			
	■ Which of the core elements were implemented with fidelity?			
	■ How and why were the program activities modified?			
	■ What was the risk profile of the community served?			
	What were the demographic characteristics of the community members served?			
	■ What proportion of the target population was served by the intervention?			
Related Evaluation	■ What were the barriers to, and facilitators of, implementation?			
Questions	Was there a change in skills, knowledge, and intention to adopt safer sex practices among Small Group, Peer Network, and Stage-Based Encounter participants?			
	 What proportion of community members engaged in Stage-Based Encounters reported increased frequency of condom use? (May not be relevant if Peer Network volunteers are not trained to conduct Stage- Based Encounters.) 			
	■ Was there a change in the perception of condom use in the community?			
	■ What changes occurred in community HIV testing behavior?			



TA	ABLE 11: PEER NETWORK (CONTINUED)
	 Make changes to or improve implementation of peer network activities
Possible Uses of Data	■ Determine if tailoring achieves similar outcomes
	■ Ensure that targeted population is being reached
	■ Identify challenges/facilitators of implementation

TABLE 12:	SAFER SEX GATHERINGS/SMALL GROUP ACTIVITIES				
Data Collection	■ Participant self-report				
Methods	Observation				
	Safer Sex Gathering Participant Information Form				
Instruments	■ Safer Sex Gathering Summary Log				
	■ HIV Presentation Summary Log				
When to Collect	 Client-level information collected at beginning of Safer Sex Gathering (client-level information collected for Safer Sex Gathering only, not those attending an HIV Presentation) 				
Bulu	 Summary information completed immediately after each small group activity 				
	Outreach Staff				
	Staff time to supervise outreach staff				
Resources	Facilitator time to collect information				
Needed	Sufficient number of forms for Safer Sex Gathering participants				
	Collaborative relationship with organizations for referrals				
	■ Time and resources to compile the data				
	■ Database to manage the data				
	 Number and characteristics of people reached (including risk profile of Safer Sex Gathering participants) 				
Data Provided	■ Locations of small group activities				
	Activities conducted				
	■ Challenges/facilitators of implementation				
Analysis	 Data should be compiled at the end of each small group activity for descriptive analysis 				
,	 Data should be reviewed across small group activities to identify themes/trends 				
D. L. L. J.	■ Which of the core elements were implemented?				
Related Evaluation	■ Which of the core elements were implemented with fidelity?				
Questions	■ How and why were the program activities modified?				
	■ What was the risk profile of the community served?				



TABLE	12: SAFER SEX GATHERINGS/SMALL GROUP ACTIVITIES (CONTINUED)
	What were the demographic characteristics of the community members served?
	■ What proportion of the target population was served by the intervention?
	■ What were the barriers to, and facilitators of, implementation?
	Was there a change in skills, knowledge, and intention to adopt safer sex practices among Small Group, Peer Network, and Stage-Based Encounter participants?
	What proportion of small group participants reported intention to increase the frequency of condom use?
	■ Was there a change in the perception of condom use in the community?
	■ What changes occurred in community HIV testing behavior?
	■ Make changes to/improve implementation of small group activities
Possible Uses of	Determine if tailoring achieves similar outcomes
Data	Ensure that targeted population is being reached
	■ Identify challenges/facilitators of implementation

	TABLE 13: COMMUNITY NETWORKING				
Data Collection	■ Checklists				
Methods	■ Observation				
Instruments	Community Network Activity Form				
	■ Community Network Summary Log				
When to Collect Data	 Completed by Peer Networker and/or Outreach Specialist during, or immediately following, each Community Network member visit 				
	Outreach Staff				
	■ Staff time to supervise Outreach Staff				
Resources	 Staff time to complete Community Network forms 				
Needed	 Materials for outreach workers to distribute (e.g., Role Model Stories, condoms, educational materials) 				
	■ Time and resources to compile the data				
	■ Database to manage the data				
	Location and type of network members				
Data Provided	■ Level of participation				
	Description and count of materials distributed				
Analysis	■ Data should be compiled for descriptive analysis				
Related	■ Which of the core elements were implemented?				
Evaluation Questions	■ Which of the core elements were implemented with fidelity?				



TABLI	E 13: COMMUNITY NETWORKING (CONTINUED)				
How and why were the program activities modified?					
	■ What proportion of the target population was served by the intervention?				
	■ What were the barriers to, and facilitators of, implementation?				
	Was there an increase in the number of community businesses and organizations involved in HIV prevention activities?				
	■ Demonstrate community involvement in RAPP				
	Identify new businesses and organizations for the network				
Possible Uses of	 Make changes to/improve implementation of Community Network activities 				
Data	Determine what materials are reaching community members				
	Determine if tailoring achieves similar outcomes				
	Ensure that targeted population is being reached				
	■ Identify challenges/facilitators of implementation				



SECTION FOUR: DATA COLLECTION PROTOCOLS

This section includes the framework for each of the data collection activities previously described. The data collection and reporting requirements of CDC are incorporated in the data collection forms. This field guide includes forms from the RAPP Implementation Manual that have been modified to include NHM&E DS variables. These forms can be modified to meet your agency's specific information needs. There is no requirement to use the data collection forms included in this evaluation plan. However, it is important to make sure that any modifications to the instruments maintain the basic integrity of the original forms in order to fulfill reporting requirements of your funding agency. In other words, do not remove questions that provide information you will need to report to your funding agency or use in implementing your intervention. You may, however, rephrase the question so that your participants better understand what you want to know.

The instruments and data collection forms in this section are organized by the required and optional data collection activities related to each intervention activity. Each form includes instructions and recommendations for administering and/or completing the form. Also, certain forms include items that collect NHM&E DS variables that will be submitted to CDC.³ Following the instructions for these forms is a table listing the NHM&E DS variables and the item on the form that corresponds to that variable.

NHM&E DS program planning, HIV testing, and agency data variables were finalized for January 1, 2008 reporting per the Dear Colleague Letter. The evaluation instruments in this guide are templates designed to capture data for evaluating RAPP in its entirety. They are also designed to capture most program planning and client services NHM&E DS variables. Agencies should check with their CDC Project Officer or other contract monitors specific reporting requirements for RAPP.



COMMUNITY ASSESSMENT INSTRUMENTS

Though some data collection activities are required for the Community Assessment, questions should be tailored to fit targeted communities.

REQUIRED

- Key Informant Interview Guide
- Focus Group Guide

OPTIONAL

- Spot Interview Guide
- Spot Interview Summary Log
- Community Observation Form
- Community Assessment Summary Log

KEY INFORMANT INTERVIEW GUIDE

When to Use: During each key informant

interview conducted during RAPP's

pre-implementation phase

Administered by: Outreach Staff, Project Manager

Completed by: Outreach Staff, Project Manager

KEY INFORMANT INTERVIEW GUIDE

INTERVIEWER INSTRUCTIONS

- Greet the key informant. Introduce yourself if you have not had previous personal contact with him or her.
- Thank the key informant for taking the time to talk with you about his or her community. Provide a brief overview of RAPP and why the interview is being conducted.
- Observe demographic characteristics of the key informant. Clarify information as necessary with him or her, asking only for information that cannot be determined from observation. Do not use a checklist with the informant.

	GEI	NERAL INFOR	MATION
Staff name:		Staff ID:	
	· · · · · · · · · · · · · · · · · · ·	/	
	e where respondent was contacted/recr		
Inter	view site/setting:		
	D EMO	GRAPHIC INF	ORMATION
Ge	nder	Age	e
	Male		12 or below
	Female		13–18 years
	Transgender: male to female		19–24 years
	Transgender: female to male		25–34 years
	Don't know		35–44 years
			45 years and over
			Don't know
Ethnicity Hispanic or Latino		Lar	nguage spoken during interview English
	Not Hispanic or Latino		Spanish
	·		·
	Don't know		Other (specify:)

Rac	e (check all that apply)	Type of respondent				
	American Indian or Alaska Native		Community member			
	Asian		Agency representative			
	Black or African-American		Business owner			
	Native Hawaiian or Pacific Islander		Clergy			
	White		Health department representative			
	Don't know		Other (specify:)		

[INTERVIEW QUESTIONS START ON NEXT PAGE]

INTERVIEWER INSTRUCTIONS:

Read the following statement to the key informant, or provide the information in your own words, before asking interview questions.

Thank you again for taking the time to talk to me today. As indicated when this interview was arranged, we are interested in learning more about your community so that we can help prevent or reduce HIV infection. All of your answers will be kept confidential and only used to inform planning and implementation of prevention activities. But if you are uncomfortable with any of the questions, you don't have to answer them or can choose to end the interview at any time.

1.	How	long	have you	lived	in	this	commun	ity	ç
----	-----	------	----------	-------	----	------	--------	-----	---

2. What are the best things about living in this community?

3. In general, what are some major concerns in this community?

4.	Wha	What are the major health concerns in this community?			
	a.	Where do people go to get medical care?			
	b.	Is it easy for them to get there?			
	c.	Do they have to wait a long time to receive care?			
5.	How	much drug and alcohol use is there in this community?			
	a.	What drug is used most often?			
	b.	Where do most people use?			
	c.	When do most people use?			
6.	Are t	here drug treatment programs in this community?			
	a.	If yes, where are they located?			

7.	How	serious is HIV infection compared to other problems in the community?
8.	Do р	people in your community feel that they are at risk of getting infected with HIV?
	a.	Why or why not?
9.	Who	are the people in your community you feel are most at risk of getting infected with HIV?
	a.	Where do they hang out?
	b.	How can we reach them?
10.	Wha	t do you think is going on in the community that puts people at risk for HIV infection?
	a.	What do you think can be done to reduce these risks?

11.	How	do people feel about HIV testing in this community?
	a.	What are the reasons why someone would not want to get tested? Why or why not?
	b.	Is it easy to get an HIV test in this community?
12.		do people feel about condom use in this community? Is it something they even think about? or why not?
	a.	What do you think are the advantages and disadvantages of using condoms?
	b.	Are condoms easy to get? Why or why not?
13.	Wha	t do you think can be done to help people learn about HIV and other STDs?

14.	Do any stores, businesses, or other organizations provide information about HIV or condoms in the community?
	a. If yes, which ones?
	b. If yes, what do they provide?
15.	Have there been past attempts to address HIV in this community?
	a. What succeeded and what failed in the prior program(s)?
	b. What made the efforts successful or not successful?
16.	Where do people in this community go for shopping, entertainment, or other services?
	a. How do they usually get there (bus, walking, car)?

17.	Wha	t kinds of activities and events do people in this community enjoy most?
18.	Are t	here certain people or groups that have a lot of influence in this community?
	a.	What kind of influence do they have?
	b.	Why do people listen to them?
	C.	Are they positive or negative influences? Why?
	d.	Do you think that those people or groups would be willing to support condom use?
19.	Can	you think of other people who I could interview about this community?

20 . Is there anyth	hing else that you wou	uld like to add?		
	THANK	YOU FOR YOUR PA	RTICIPATION!	



When to Use: During each focus group conducted

during RAPP's pre-implementation phase

Administered by: Outreach Staff, Project Manager,

Consultant

Completed by: Outreach Staff, Project Manager,

Consultant



FOCUS GROUP GUIDE*

* Additional information about conducting focus groups can be found in the Evaluation Capacity Building Guide

FACILITATOR'S INTRODUCTION

Welcome Participants

- Introduce yourself
- Thank them for their participation in the group
- Distribute and review consent form
- Discuss payment (if participants will receive a stipend)
- Ask participants to complete name tents or tags with any desired name

Explain Purpose of Focus Group

- Gain a better understanding of the community's perceptions of concerns and priorities
- Gather information about the community to guide the planning and implementation of prevention activities

Explain Focus Group Process

- Focused discussion about a particular topic
- Facilitator asks questions to the group, clarifies terms, and summarizes
- Recorder takes notes, but does not directly participate in the group
- Participants discuss the topics
- If the process will be audiotaped, explain that focus group will be recorded on an audiotape and that it will be erased after the information has been compiled

Establish Ground Rules

- One person speaks at a time
- Speak loudly and clearly
- Respect confidentiality of the group
- Free to leave at any time if needed

QUESTIONS

Оp	Opening Question (Round Robin)		
1.	Tell us the name that you would like to be called and how long you have lived in this community.		
2.	What do you like about living in this community?		

Introductory Questions

3.	From your observations and experiences, what are the major problems in the community?
4.	Is HIV viewed as a major problem in the community? How does HIV infection compare to othe problems?
5.	How do you think community members would feel about having an HIV prevention program in the community?
	nsition Questions Do you believe the community has a role or any responsibility in HIV prevention?
6.	Do you believe the community has a role of any responsibility in this preventions
	a. If yes, what do you consider to be the role of the community in HIV prevention? Are there specific businesses or organizations that you think can or should be involved?
	b. If no, why don't you think the community has a responsibility in HIV prevention?

7.	Wha	t would it take to encourage community members to get involved in an HIV program?
Key	Q U	estions
8.	a.	Why do you think people in the community are becoming infected with HIV?
	b.	What activities, behaviors, or conditions put individuals at risk?
9.	a.	Where are the best places to reach people with HIV prevention messages?
	b.	What do you think are the best ways to reach at-risk individuals in your community?

10.	a.	What do people think about condom use?
	b.	Do people even think about using condoms? Why or why not?
	c.	What do you think are the advantages and disadvantages of using condoms?
	d.	Are condoms easy to get in your community?
11.	a.	How do people feel about HIV testing?
	b.	Where do people go to get tested?
	c.	Why don't some people get tested?
	d.	What would make it easier to get tested?

Ending Question 12. What do you think is the most important factor in decreasing HIV infection in your community?

SPOT INTERVIEW GUIDE

When to Use: During each spot interview conducted

during RAPP's pre-implementation phase

Administered by: Outreach Staff, Project Manager

Completed by: Outreach Staff, Project Manager



SPOT INTERVIEW GUIDE

INTERVIEWER INSTRUCTIONS

- Greet the interviewee. Introduce yourself if you have not had previous personal contact with him or her.
- Thank the community member for taking the time to talk with you about his or her community. (Note: Spot interviews are usually quick interactions. If time allows, provide a brief overview of RAPP and why the interview is being conducted.)
- Observe demographic characteristics of the community member. Clarify information as necessary with him or her, asking only for information that cannot be determined from observation. Do not use a checklist with the individual.
- Use the questions provided below as a guide. Encourage respondents to express themselves as they
 choose

GENERAL INFORMATION				
Staff name:	Staff ID:			
Date of the interview:/_	/			
	□ Street/hangout (specify:)		
DEMOGRAPHIC INFORMATION	ON			
Gender Male Female Transgender: male to female Transgender: female to male to				

	nicity Hispanic or Latino Not Hispanic or Latino Don't know Refused to answer	Language spoken during interview ☐ English ☐ Spanish ☐ Other (specify:)
DE	MOGRAPHIC INFORMATION (CONTINUED)	
	ce (check all that apply) American Indian or Alaska Native Asian Black or African-American Native Hawaiian or Pacific Islander White Don't know Refused to answer	Type of respondent ☐ Community member ☐ Agency representative ☐ Business owner ☐ Clergy ☐ Health department representative ☐ Other (specify:)
In	TERVIEW QUESTIONS	
1.		ur community? Why or why not?
2.	What do you think about using condoms? Wusing condoms?	/hat do other people in the community think about
3.	Where do you get condoms in this community	? Are they easy to get?

4.	Where do most people hang out?
5.	Who do people respect in the community? Why? Where do they hang out?
Oth	er notes:

SPOT INTERVIEW SUMMARY LOG

When to Use: At the conclusion of all spot

interviews conducted during RAPP's

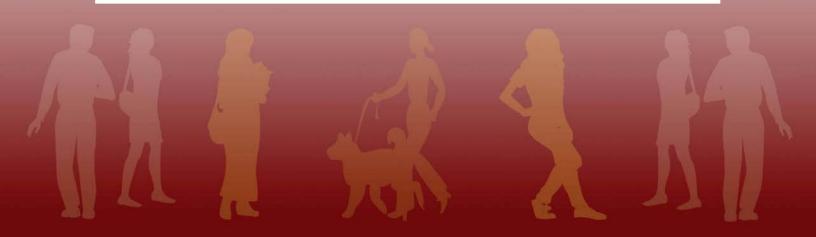
pre-implementation phase

Administered by: Outreach Staff, Project Manager, Data

Analyst, Administrative Coordinator

Completed by: Outreach Staff, Project Manager, Data

Analyst, Administrative Coordinator



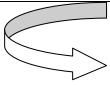
SPOT INTERVIEW SUMMARY LOG

INSTRUCTIONS

For each of the following sites/settings, indicate the total number of interviews that took place in each, providing specific locations if known. You may then calculate the total number of spot interviews conducted.

INTERVIEW SITE/SETTING

SITE/SETTING	NUMBER OF INTERVIEWS	SPECIFIC LOCATION (I.E., NAME, ADDRESS)
Street/hangout		
Business		
Church/religious institution		
Agency		
Clinic/healthcare facility		
Bar/club		
Community event		
Other		



(TOTAL SPOT INTERVIEWS CONDUCTED)

INSTRUCTIONS

For each of the following, indicate the total number of interviews that were conducted with individuals with the following characteristics.

DEMOGRAPHIC INFORMATION	
Gender Male Female Transgender: male to female Transgender: female to male Don't know Refused to answer	Age 12 or below 13–18 years 19–24 years 25–34 years 35–44 years 45 years and over Don't know Refused to answer
Ethnicity Hispanic or Latino Not Hispanic or Latino Don't know Refused to answer	Language spoken during interview ☐ English ☐ Spanish ☐ Other (specify:)

DE	MOGRAPHIC INFORMATION (CONTIN	UED)		
	e American Indian or Alaska Native Asian Black or African-American Native Hawaiian or Pacific Islander White Don't know Refused to answer		rpe of respondent Community member Agency representative Business owner Clergy Health department representative Other (specify:)	
		Instructions		
	view the answers provided during the estions, record the most commonly repo		. For each of the following intervie	W
INT	ERVIEW QUESTIONS			
1.	Do you feel that HIV is a major probler	m in your commur	nity? Why or why not?	— — —
2.	What do you think about using condot they easy to get?	oms? Where do y	you get condoms in this community? A	\re

. Where do mo:	t people hang out?			
Who do peop	e respect in the comm	nunity? Why? Whe	ere do they hang ou	nţ\$
her notes:				
ther notes:				



When to Use: During each community observation

event/outing conducted during RAPP's

pre-implementation phase

Administered by: Outreach Staff, Project Manager

Completed by: Outreach Staff, Project Manager

COMMUNITY OBSERVATION FORM

INSTRUCTIONS Observe community members and their interactions for 10-30 minutes at a specific setting in the targeted community. Complete a form for EACH location. Staff name: ______ Staff ID: Date of the observation: ____/ ____/ Start time: a.m./p.m. End time: a.m./p.m. INTERVIEW SITE/SETTING □ Street/hangout (specify: _____) □ Business (specify: _____) □ Church/religious institution (specify: ______) □ Agency (specify: ______) □ Clinic/healthcare facility (specify: ______) ☐ Bar/club (specify: _____ Residence (specify: ☐ Community event (specify: _____) ☐ Other (specify: _____) Vehicle Traffic in Area □ Light ■ Moderate ☐ Heavy Age Gender ☐ Male ☐ 12 or below ☐ Female ☐ 13–18 years **□** 19–24 years ☐ Transgender: male to female **□** 25–34 years ☐ Transgender: female to male ☐ Don't know **□** 35–44 years ☐ 45 years and over ☐ Don't know

	ace 1 American Indian or Alaska Native 1 Asian 1 Black or African-American	☐ Native Hawa ☐ White ☐ Don't know	aiian or Pacific Islander
	thnicity 1 Hispanic or Latino □ Not	Hispanic or Latino	□ Don't know
Oı	BSERVATION NOTES		
1.	. Describe what the people are doing exchanging money for drugs).	g (e.g., sitting, talking, p	laying checkers, buying condoms,
2.	. Describe the attitudes you observe (e	.g., relaxed, stressed, hap	py, anxious).
3.	. What languages do you hear the cor	mmunity members speak?	
4.	. Describe the setting itself (e.g., Resid If commercial, what types of business		

5.	Other observations:
Aft	ER THE OBSERVATION
In yo	our opinion (i.e., the observer's opinion), what methods would you use to reach people here?

COMMUNITY ASSESSMENT SUMMARY LOG

When to Use: At the conclusion of all community

assessment activities (i.e., key informant interviews, focus groups, spot interviews, and community observations) conducted during RAPP's pre-implementation phase

Administered by: Project Manager, Data Analyst,

Administrative Coordinator

Completed by: Project Manager, Data Analyst,

Administrative Coordinator



COMMUNITY ASSESSMENT SUMMARY LOG

INSTRUCTIONS

Summarizing community assessment activities can help you and your staff gain a clearer understanding of the implications of the information you have collected. The following table is an example of how you may conceptualize this process. Systematically writing out the primary findings of each of the community assessment activities may help you think through your agency's implementation of RAPP.

SOURCE	FINDINGS	IMPLICATIONS
Key Informant Interviews	Example: Individuals don't want to pay for condoms but don't know where to get them for free.	In addition to providing free condoms during outreach, Peer Networkers and Outreach Specialists should provide community members with information about where they may regularly obtain free condoms. This type of information may be printed on the back of the Role Model Stories or delivered orally.
Focus Groups		
Spot Interviews		
Community Observations		

After conducting the community assessment activities, what is the estimated Stage of Change in this community regarding condom use?
(Use percentages: e.g., 70% Pre-contemplation, 25% Contemplation, and 5% Preparation.)
 □ Pre-contemplation (not thinking about using condoms) □ Contemplation (thinking about using condoms) □ Preparation (taking steps toward using condoms) □ Action (using condoms for less than 6 months) □ Maintenance (using condoms for 6 months or longer)
Conclusions/Additional Comments:

PEER NETWORK INSTRUMENTS

The Outreach Encounter Form is an optional form that will help your staff systematically collect the information for the Outreach Activity Summary Form.

REQUIRED

Outreach Summary Log*

OPTIONAL

- Outreach Encounter Form*
- * While the Outreach Encounter Form is optional, the data from this form will be used to complete the Outreach Summary Form, which includes required NHM&E DS variables.



When to Use: After each outreach encounter event

Administered by: Outreach Staff

Completed by: Outreach Staff



OUTREACH ENCOUNTER FORM

		Instructions						
Circle the appropriate letter that corresponds with the correct description for each client. Provide additional information in Notes/Details column as appropriate. (See example below for the type of information that may be included in this column.)								
Do not use this form as a sign-in or client-administered sheet. This form is a tool for outreach workers to record quickly the demographic characteristics and activities of clients contacted during outreach. Once information is collected, it may be transferred to an aggregate form (e.g., Outreach Summary Log).								
Note: If a Stage-Based Enco	unter is conducted, also complete t	the SBE Form.						
Date:/ Sta	aff Name:	Staff ID: Locati	on:					
Location Type:								
■ Business	☐ Bar/club	☐ Residence	☐ Clinic/healthcare setting					
☐ Agency	☐ Street/hangout	☐ Church/religious institution	□ Other (specify:)					

AGE GROUP	GENDER	ETHNICITY	RACE (CHECK ALL THAT APPLY)	HIV RISK	HIV STATUS	ACTIVITY	NOTES/DETAILS
 A. 12 or below B. 13–18 C. 19–24 D. 25–34 E. 35–44 F. 45 and over 	Female (F) Male (M) Transgender (MTF) Transgender (FTM)	Hispanic/ Latino/a (H/L) Non Hispanic Latino/a (Non-H/L)	A. American Indian/ Alaska Native B. Asian C. Black/ African- American D. Native Hawaiian/ Pacific Islander E. White	A. MSM B. MSM/IDU C. IDU D. Heterosexual at risk E. Sex involving transgender F. Refused G. Not asked H. Other	+. HIV+ HIV – DK. Don't know R. Refused NA. Not asked	Materials Dissemination: A1. Role Model Stories A2. Condoms A3. Brochures/ education info A4. Other B. Referral C. Stage-Based Encounter D. Other	For Example: 5 condoms "Action" Role Model Story Referral Stage-Based Encounter (SBE)
ABCDEF	F M MTF FTM	H/L Non-H/L	ABCDE	ABCDEFGH	+ - DK R NA	A1 A2 A3 A4 B C D	
ABCDEF	F M MTF FTM	H/L Non-H/L H/L Non-H/L	A B C D E	ABCDEFGH ABCDEFGH	+ - DK R NA + - DK R NA	A1 A2 A3 A4 B C D A1 A2 A3 A4 B C D	
A B C D E F	F M MTF FTM	H/L Non-H/L	A B C D E	ABCDEFGH ABCDEFGH	+ – DK R NA + – DK R NA	A1 A2 A3 A4 B C D A1 A2 A3 A4 B C D	
ABCDEF	F M MTF FTM	H/L Non-H/L	ABCDE	ABCDEFGH	+ – DK R NA	A1 A2 A3 A4 B C D	
A B C D E F	F M MTF FTM	H/L Non-H/L	A B C D E	ABCDEFGH ABCDEFGH	+ - DK R NA + - DK R NA	A1 A2 A3 A4 B C D A1 A2 A3 A4 B C D	
ABCDEF	F M MTF FTM	H/L Non-H/L	ABCDE	ABCDEFGH	+ – DK R NA	A1 A2 A3 A4 B C D	

AGE GROUP	GENDER	ETHNICITY	RACE (CHECK ALL THAT APPLY)	HIV RISK	HIV STATUS	ACTIVITY	NOTES/DETAILS
 A. 12 or below B. 13–18 C. 19–24 D. 25–34 E. 35–44 F. 45 and over 	Female (F) Male (M) Transgender (MTF) Transgender (FTM)	Hispanic/ Latino/a (H/L) Non Hispanic Latino/a (Non-H/L)	A. American Indian/ Alaska Native B. Asian C. Black/ African- American D. Native Hawaiian/ Pacific Islander E. White	A. MSM B. MSM/IDU C. IDU D. Heterosexual at risk E. Sex involving transgender F. Refused G. Not asked H. Other	+. HIV+ HIV – DK. Don't know R. Refused NA. Not asked	Materials Dissemination: A1. Role Model Stories A2. Condoms A3. Brochures/ education info A4. Other B. Referral C. Stage-Based Encounter D. Other	For Example: 5 condoms "Action" Role Model Story Referral Stage-Based Encounter (SBE)
ABCDEF	F M MTF FTM	H/L Non-H/L	ABCDE	ABCDEFGH	+ – DK R NA	A1 A2 A3 A4 B C D	
ABCDEF	F M MTF FTM	H/L Non-H/L H/L Non-H/L	A B C D E	ABCDEFGH ABCDEFGH	+ - DK R NA + - DK R NA	A1 A2 A3 A4 B C D A1 A2 A3 A4 B C D	
ABCDEF	F M MTF FTM	H/L Non-H/L	ABCDE	ABCDEFGH	+ – DK R NA	A1 A2 A3 A4 B C D	
ABCDEF	F M MTF FTM	H/L Non-H/L H/L Non-H/L	A B C D E	ABCDEFGH ABCDEFGH	+ - DK R NA + - DK R NA	A1 A2 A3 A4 B C D A1 A2 A3 A4 B C D	
ABCDEF ABCDEF	F M MTF FTM	H/L Non-H/L	A B C D E	ABCDEFGH ABCDEFGH	+ - DK R NA + - DK R NA	A1 A2 A3 A4 B C D A1 A2 A3 A4 B C D	
ABCDEF	F M MTF FTM	H/L Non-H/L	ABCDE	ABCDEFGH	+ – DK R NA	A1 A2 A3 A4 B C D	

AGE GROUP	GENDER	ETHNICITY	RACE (CHECK ALL THAT APPLY)	HIV RISK	HIV STATUS	ACTIVITY	NOTES/DETAILS
 A. 12 or below B. 13–18 C. 19–24 D. 25–34 E. 35–44 F. 45 and over 	Female (F) Male (M) Transgender (MTF) Transgender (FTM)	Hispanic/ Latino/a (H/L) Non Hispanic Latino/a (Non-H/L)	A. American Indian/ Alaska Native B. Asian C. Black/ African- American D. Native Hawaiian/ Pacific Islander E. White	 A. MSM B. MSM/IDU C. IDU D. Heterosexual at risk E. Sex involving transgender F. Refused G. Not asked H. Other 	+. HIV+ HIV – DK. Don't know R. Refused NA. Not asked	Materials Dissemination: A1. Role Model Stories A2. Condoms A3. Brochures/ education info A4. Other B. Referral C. Stage-Based Encounter D. Other	For Example: 5 condoms "Action" Role Model Story Referral Stage-Based Encounter (SBE)
ABCDEF	F M MTF FTM	H/L Non-H/L	ABCDE	ABCDEFGH	+ – DK R NA	A1 A2 A3 A4 B C D	
ABCDEF	F M MTF FTM	H/L Non-H/L	ABCDE	ABCDEFGH	+ – DK R NA	A1 A2 A3 A4 B C D	
ABCDEF	F M MTF FTM	H/L Non-H/L	ABCDE	ABCDEFGH	+ – DK R NA	A1 A2 A3 A4 B C D	
ABCDEF	F M MTF FTM	H/L Non-H/L	ABCDE	ABCDEFGH	+ – DK R NA	A1 A2 A3 A4 B C D	

OUTREACH SUMMARY LOG

When to Use: At conclusion of each outreach event. The

data for this log will come from the

Outreach Encounter Forms completed for

the event.

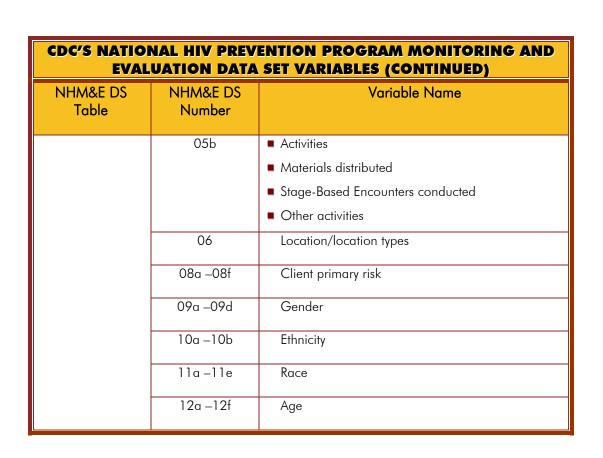
Administered by: Outreach Staff

Completed by: Outreach Staff



The NHM&E DS variables listed in the table below are collected on the Outreach Summary Log. Note that the variables presented in the table include only those required variables captured on this instrument. Please refer to the National HIV Prevention Program Monitoring and Evaluation Data Set (CDC, 2008d) for the complete list and description of all M&E variables required for reporting to CDC, optional variables for local M&E, or the 2008 National HIV Prevention Program Monitoring and Evaluation Data Set Variable Requirements (Appendix D).

CDC'S NATIONAL HIV PREVENTION PROGRAM MONITORING AND EVALUATION DATA SET VARIABLES						
NHM&E DS Table	NHM&E DS Number	Variable Name				
HE/RR and Outreach	02	Date of outreach event				
(Table AG)	03	Duration of outreach event				
	04	Total number of clients contacted				
	05a	Delivery method				



OUTREACH ACTIVITY SUMMARY LOG

INSTRUCTIONS

Peer Networkers and Outreach Specialists should complete this summary form at the end of their outreach event (4 pages in total).

For each outreach event, list staff names and staff identification numbers. Also indicate staff position (either Peer Networker or Outreach Specialist).

Note: You can use your own internal forms/methods for gathering this information—or the Outreach Encounter Form—and then transfer it to this form to help document aggregate data for each outreach event.

	STAFF NAME	STAFF ID	PEER NETWORKER	OUTREACH SPECIALIST
1.				
2.				
3.				
4.				
5.				
Date	e of outreach event://			
Durc	ation of outreach event: (in hou	urs)		
Start	time: a.m./p.m. End ti	me: a.m./p.m.		
Tota	I number of client contacts*:			

 $^{^*}$ Note: Total numbers for each of the demographic characteristics should equal one another.

For example:

	GENDER			AGE	HIV STATUS		
	12	Males	5	13–18 year olds	1	Positive	
	10	Females	15	19–24 year olds	2	Negative	
	1	Don't know	3	25–34 year olds	20	Unknown	
Total	= 23	Client contacts	= 23	Client contacts	= 23	Client contacts	

ACTIVITIES CONDUCTED

Materials Distributed	
☐ Yes ———	How many of the following were distributed?
□ No	□ Brochures/information□ Condoms□ Role Model Stories (TOTAL)
	Role Model Stories distributed by stage:
	 □ Pre-contemplation □ Contemplation □ Ready for action □ Action □ Maintenance □ Other (specify:
Referrals Made*	How many referrals to each of the following services?
☐ Yes →	☐ HIV counseling and testing☐ HIV medical care
□ No	☐ STD screening and treatment
* Note: Count only those referrals that will be tracked over time. A Referral Tracking Form may be required for each referral documented. Reference the National Monitoring and Evaluation Guidance for specifications regarding referrals.	 □ Prevention case management □ Reproductive health services □ Substance abuse services □ General medical □ Other (specify:

Stage-Based Encounter C	onducted	How many?				
☐ Yes*		TOTAL number of conducted:	Stage-Based	Encounters		
□ No						
* Complete a Stage-Based Encounter documented.	ounter Form for each					
		Encounters conducted	d by stage			
		□ Pre-contemplation□ Contemplation□ Ready for action□ Action□ Maintenance				
Other Activities – Please	Specify:					
Additional Notes (e.g., cho	allenges, facilitating f	actors, other influencir	g events or issu	es, etc.)		
DELIVERY METHOD						
Please specify how the ou	utreach activities	were delivered (ch	eck all that c	ıpply):		
☐ In person						
Specify location and lo	ocation type(s):					
☐ Business	☐ Residence					
☐ Agency	☐ Church/religious	s institution				
☐ Bar/club	☐ Clinic/healthcar	e setting				
☐ Street/hangout	☐ Other					

☐ Internet (specify \	Web site:)						
☐ Printed Materials								
☐ Magazin	es/newspapers (specify:							
☐ Pamphle	□ Pamphlets/brochures (specify:)							
□ Posters/b	□ Posters/billboards (specify:)							
□ Other (specify:)								
Aconsolus Danusinanis Intronustion								
Aggregate Part	ICIPANT INFORMATION							
Record the total nur	Record the total number for each category below (e.g., 7 Female).							
	13 or below19–24	35–44Unknown						
Age	13_1825_34	45 and older						
Gender	FemaleMale	_Transgender (MTF)Transgender (FTM)						
Ethnicity	Hispanic/Latino	Not Hispanic/Latino						
Race	American Indian/Alaska NativeNative Hawaiian/Pacific IslandeAsianMore than one race	Black/African-American Race not identified r White						

	Sex involving transgender	Heterosexual at risk
Client Primary	MSM	Other
Risk	MSM/IDU	Refused
	IDU	Not asked
HIV Status	HIV+HIVDon't know	Refused to answerNot asked

ROLE MODEL STORY INSTRUMENTS

While the Role Model Follow-Up Interview Guide is optional, it may be useful to collect information about the effects of being a role model. These data may inform improvements to role model recruitment and story development.

REQUIRED

Role Model Interview Guide

OPTIONAL

Role Model Follow-Up Interview Guide



When to Use: During each role model interview

Administered by: Outreach Staff, Project Manager

Completed by: Outreach Staff, Project Manager



ROLE MODEL INTERVIEW GUIDE

INTERVIEWER INSTRUCTIONS

- Greet the role model. Introduce yourself if you have not had previous personal contact with him or her.
- Thank the role model for taking the time to talk with you about his or her experience using condoms. Provide a brief overview of RAPP and why the interview is being conducted.
- After asking the interview questions, schedule a follow-up interview.

GENERAL INFORMATION	
Staff name:	Staff ID:
Date of the interview://	
Place where respondent was contacted/recruite	d:
Interview site/setting:	
	English Spanish Other (specify:)
ROLE MODEL DEMOGRAPHIC INFORMATION	V
Observe demographic characteristics of the appropriate with him or her.	role model. Clarify information as necessary and
Gender ☐ Male ☐ Female ☐ Transgender: male to female ☐ Transgender: female to male ☐ Don't know	Ethnicity Hispanic or Latino Not Hispanic or Latino Don't know

Race (check all that apply)	Type of respondent
☐ American Indian or Alaska Native	☐ Community member
☐ Asian	□ Agency representative
☐ Black or African-American	☐ Business owner
☐ Native Hawaiian or Pacific Islander	☐ Clergy
☐ White	☐ Health department representative
☐ Don't know	Other (specify:

[INTERVIEW QUESTIONS START ON NEXT PAGE]

Interviewer:

I would first like to thank you again for agreeing to tell me your story and ask how you heard about becoming a RAPP role model.

Rec	ruitment Source (check all that apply)
	Flyer in the community Referral/friend Safer sex event RAPP Peer Networker Volunteer Reading a Role Model Story Don't know Other (specify:)
exp star	I mentioned when we set up this interview, I would like to talk with you today about your eriences using condoms. For instance, I'd like to talk about things that made you think about ting to use condoms, how and when you started using condoms, etc. Please know that you may ose not to answer any of the questions or end the interview at any time if you feel uncomfortable.
1.	As you know, we don't use peoples' real names in their stories. What name would you like me to use?
2.	What is your birth date? / (month / year)
3.	Do you go to school? Not currently in school Elementary or junior high school High school Technical/vocational program Community college or university Other (specify:)
4.	Do you work? No Yes, full-time (specify:) Yes, part-time (specify:) Yes, temporary/contract (specify:) Other (specify:)

5.	Do you have any children? No One Two Three Four or more (specify:)
thinl	I would like you to tell me about your experience using condoms. Think about what made you about using condoms, when it happened, and some of the things you thought about and did not you were trying to begin using condoms. (Use probes as needed to answer the questions below).
6.	How long have you been using condoms?
7.	Why did you start using condoms?
8.	How long did you think about using condoms before you actually started?
9.	What happened that made you decide to use condoms?

10.	Did you talk to your partner about using condoms?
	If yes, what did you say?
	If yes, how did your partner react?
11	What do you think are the best regions to use condems?
11.	What do you think are the best reasons to use condoms?
12.	Are there bad things about using condoms?
	If yes, what are they?
13.	How do you make sure that you continue to use condoms?

14.	What lesson or lessons do you think it's important for people to learn from your story?
15.	What would you tell someone who is NOT using condoms?
16.	Is there anything else you would like to tell me or ask me about HIV/AIDS or other STDs?

Interviewer:

Thank you again for talking with me today. I would like to follow up with you in a couple of weeks to ask just a few more questions. Would you like to set up another meeting now, or would you like to talk by phone? I could call you, or I could give you a phone number to reach me—whatever is most comfortable for you.

□ Follow-up in-person

Date: ___/__/____

)

FOR STAFF USE ONLY

|--|

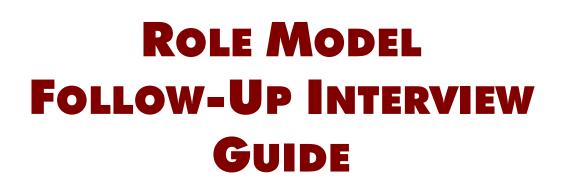
П	Lives in t	he community	y where a	igency	is worl	king.
	Uses cor	doms consist	ently with	all pa	ırtners.	

	,				
Is in the process	of making	changes	toward using	g condoms	consistently.

•		0	•		•	
Can describe	own	experiences	of trying	to use	condom	s.

	Can explain	how and	why	experiences	changed	own	behavior.
--	-------------	---------	-----	-------------	---------	-----	-----------

Additional Notes:									



When to Use: After each role model interview

conducted

Administered by: Outreach Staff, Project Manager

Completed by: Outreach Staff, Project Manager

ROLE MODEL FOLLOW-UP INTERVIEW GUIDE

INTERVIEWER INSTRUCTIONS

Record the follow-up method using checkboxes below. Specify details as possible.

Ask the follow-up questions in an open-ended manner, allowing the role model to respond in his or her own words.

GENERAL INFORMATION
Staff name: Staff ID:
Date of the interview:/
Follow-up method:
☐ Follow-up in-person
Date:/ Time: a.m./p.m. (circle one) Location: Call Role Model Story participant (specify phone number:) Role Model Story participant to call RAPP staff Other (specify:)
Interview Questions
Interviewer:
Thank you again for sharing your story and allowing me to ask you a few follow-up questions.

	THANK YOU FOR YOUR PARTICIPATION!
5.	Is there anything else you would like to share about your experience?
4.	Do you think your story accurately reflected what you told us about your experiences using condoms? Why or why not?
3.	Did sharing your story change how you think or feel about yourself? How?
2.	Since sharing your story, how have you felt about your decision to continue using condoms?
1.	Months ago, you agreed to use your story as a Role Model Story. How was this experience for you? Did you find sharing your story helpful? Why or why not?

STAGE-BASED ENCOUNTER INSTRUMENTS

Client-level demographic and risk profile information should be collected for participants engaged in a Stage-Based Encounter. These data are captured on the Stage-Based Encounter Activity Form and may be transferred to the Staged-Based Encounter Summary Log for an aggregate record.

REQUIRED

- Stage-Based Encounter Activity Form*
- Stage-Based Encounter Summary Log*
- * The data from the Stage-Based Encounter Activity Form are to be used to complete the Stage-Based Encounter Summary Log, which includes required NHM&E DS variables.



When to Use: Following each Stage-Based Encounter

event

Administered by: Outreach Staff

Completed by: Outreach Staff



STAGE-BASED ENCOUNTER ACTIVITY FORM

		Instructions								
Circle the appropriate letter that corresponds with the correct description for each client. Provide additional information in Notes/Details column as appropriate. (See example below for the type of information that may be included in this column).										
characteristics and activit	Do not use this form as a sign-in or client-administered sheet. This form is a tool for outreach workers to record quickly the demographic characteristics and activities of clients contacted during outreach. Once information is collected, it may be transferred to an aggregate form (e.g., RAPP Stage-Based Encounter Summary Log).									
Date:/	Staff Name:	Staff ID: Location	on:							
Mo Year										
Location Type:										
■ Business	□ Bar/club	☐ Residence	☐ Clinic/healthcare setting							
☐ Agency	☐ Street/hangout	☐ Church/religious institution	□ Other (specify:)							

AGE GROUP	GENDER	ETHNICITY	RACE (CHECK ALL THAT APPLY)	HIV RISK	HIV STATUS	ACTIVITY	NOTES/DETAILS
 A. 12 or below B. 13–18 C. 19–24 D. 25–34 E. 35–44 F. 45 and over 	Female (F) Male (M) Transgender (MTF) Transgender (FTM)	Hispanic/ Latino/a (H/L) Non Hispanic Latino/a (Non-H/L)	American Indian/ Alaska Native Asian Black/ African- American Native Hawaiian/ Pacific Islander White	MSM MSM/IDU IDU Heterosexual at risk Sex involving transgender Refused Not asked Other	+. HIV+ HIV – DK. Don't know R. Refused NA. Not asked	Materials Dissemination: A1. Role Model Stories A2. Condoms A3. Brochures/ education info A4. Other B. Referral C. Stage-Based Encounter D. Other	For Example: 5 condoms "Action" Role Model Story Referral Stage-Based Encounter (SBE)
A B C D E F	F M MTF FTM	H/L Non-H/L	A B C D E	ABCDEFGH ABCDEFGH	+ – DK R NA + – DK R NA	A1 A2 A3 A4 B C D A1 A2 A3 A4 B C D	
A B C D E F	F M MTF FTM	H/L Non-H/L H/L Non-H/L	A B C D E	ABCDEFGH ABCDEFGH	+ - DK R NA + - DK R NA	A1 A2 A3 A4 B C D A1 A2 A3 A4 B C D	
A B C D E F	F M MTF FTM	H/L Non-H/L H/L Non-H/L	A B C D E	ABCDEFGH ABCDEFGH	+ - DK R NA + - DK R NA	A1 A2 A3 A4 B C D A1 A2 A3 A4 B C D	
ABCDEF ABCDEF	F M MTF FTM F M MTF FTM	H/L Non-H/L H/L Non-H/L	A B C D E	ABCDEFGH ABCDEFGH	+ - DK R NA + - DK R NA	A1 A2 A3 A4 B C D A1 A2 A3 A4 B C D	
ABCDEF	F M MTF FTM	H/L Non-H/L	ABCDE	ABCDEFGH	+ – DK R NA	A1 A2 A3 A4 B C D	

AGE GROUP	GENDER	ETHNICITY	RACE (CHECK ALL THAT APPLY)	HIV RISK	HIV STATUS	ACTIVITY	NOTES/DETAILS
 A. 12 or below B. 13–18 C. 19–24 D. 25–34 E. 35–44 F. 45 and over 	Female (F) Male (M) Transgender (MTF) Transgender (FTM)	Hispanic/ Latino/a (H/L) Non Hispanic Latino/a (Non-H/L)	American Indian/ Alaska Native Asian Black/ African- American Native Hawaiian/ Pacific Islander White	MSM MSM/ IDU IDU Heterosexual at risk Sex involving transgender Refused Not asked Other	+. HIV+ HIV – DK. Don't know R. Refused NA. Not asked	Materials Dissemination: A1. Role Model Stories A2. Condoms A3. Brochures/ education info A4. Other B. Referral C. Stage-Based Encounter D. Other	For Example: 5 condoms "Action" Role Model Story Referral Stage-Based Encounter (SBE)
A B C D E F	F M MTF FTM	H/L Non-H/L	A B C D E	ABCDEFGH ABCDEFGH	+ – DK R NA + – DK R NA	A1 A2 A3 A4 B C D A1 A2 A3 A4 B C D	
A B C D E F	F M MTF FTM	H/L Non-H/L	A B C D E	A B C D E F G H	+ - DK R NA	A1 A2 A3 A4 B C D	
ABCDEF	F M MTF FTM F M MTF FTM	H/L Non-H/L H/L Non-H/L H/L Non-H/L	A B C D E	ABCDEFGH ABCDEFGH	+ - DK R NA + - DK R NA + - DK R NA	A1 A2 A3 A4 B C D A1 A2 A3 A4 B C D A1 A2 A3 A4 B C D	
ABCDEF	F M MTF FTM	H/L Non-H/L	ABCDE	ABCDEFGH	+ – DK R NA	A1 A2 A3 A4 B C D	
ABCDEF	F M MTF FTM	H/L Non-H/L H/L Non-H/L	A B C D E	ABCDEFGH ABCDEFGH	+ - DK R NA + - DK R NA	A1 A2 A3 A4 B C D A1 A2 A3 A4 B C D	

AGE GROUP	GENDER	ETHNICITY	RACE (CHECK ALL THAT APPLY)	HIV RISK	HIV STATUS	ACTIVITY	NOTES/DETAILS
 A. 12 or below B. 13–18 C. 19–24 D. 25–34 E. 35–44 F. 45 and over 	Female (F) Male (M) Transgender (MTF) Transgender (FTM)	Hispanic/ Latino/a (H/L) Non Hispanic Latino/a (Non-H/L)	American Indian/ Alaska Native Asian Black/ African- American Native Hawaiian/ Pacific Islander White	MSM/IDU IDU Heterosexual at risk Sex involving transgender Refused Not asked Other	+. HIV+ HIV – DK. Don't know R. Refused NA. Not asked	Materials Dissemination: A1. Role Model Stories A2. Condoms A3. Brochures/ education info A4. Other B. Referral C. Stage-Based Encounter D. Other	For Example: 5 condoms "Action" Role Model Story Referral Stage-Based Encounter (SBE)
A B C D E F	F M MTF FTM	H/L Non-H/L	A B C D E	ABCDEFGH ABCDEFGH	+ – DK R NA + – DK R NA	A1 A2 A3 A4 B C D A1 A2 A3 A4 B C D	
ABCDEF	F M MTF FTM	H/L Non-H/L	ABCDE	ABCDEFGH	+ – DK R NA	A1 A2 A3 A4 B C D	
ABCDEF	F M MTF FTM	H/L Non-H/L	ABCDE	ABCDEFGH	+ – DK R NA	A1 A2 A3 A4 B C D	



When to Use: At the conclusion of each Stage-Based

Encounter event. The data for this log will come from the Staged-Based Encounter

Activity Forms completed.

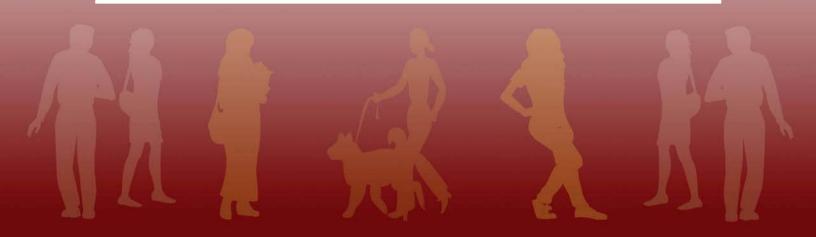
Administered by: Outreach Staff

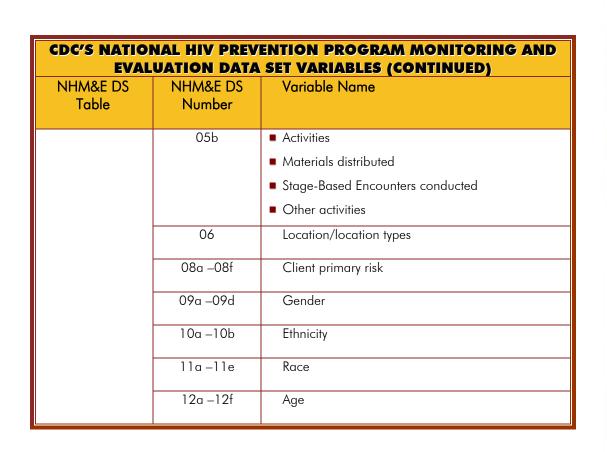
Completed by: Outreach Staff



The NHM&E DS variables listed in the table below are collected on the Stage-Based Encounter Summary Log. Note that the variables presented in the table include only those required variables captured on this instrument. Please refer to the National HIV Prevention Program Monitoring and Evaluation Data Set (CDC, 2008d) for the complete list and description of all M&E variables required for reporting to CDC, optional variables for local M&E, or the 2008 National HIV Prevention Program Monitoring and Evaluation Data Set Variable Requirements (Appendix D).

CDC'S NATIONAL HIV PREVENTION PROGRAM MONITORING AND EVALUATION DATA SET VARIABLES					
NHM&E DS Table	NHM&E DS Number	Variable Name			
HE/RR and Outreach	02	Date of outreach event			
(Table AG)	03	Duration of outreach event			
	04	Total number of clients contacted			
	05a	Delivery method			





STAGED-BASED ENCOUNTER SUMMARY LOG

INSTRUCTIONS

Outreach Specialists should complete this summary form at the end of their Stage-Based Encounters (4 pages in total).

For each outreach event, list staff names and staff identification numbers. Also indicate staff position (Outreach Specialist).

Note: You can use your own internal forms/methods for gathering this information—or the Stage-Based Encounter Activity Form—and then transfer it to this form to help document aggregate data for each Stage-Based Encounter event.

	STAFF NAME	STAFF ID	PEER NETWORKER	OUTREACH SPECIALIST
1.				
2.				
3.				
4.				
5.				

Date of outreach event:/	/
Duration of outreach event:	_ (in hours)
Start time: a.m./p.m.	End time: a.m./p.m.
Total number of client contacts*:	

^{*} Note: Total numbers for each of the demographic characteristics should equal one another.

For example:

		GENDER		AGE	ĺ	HIV STATUS
	12	Males	5	13–18-year-olds	1	Positive
	10	Females	15	19–24-year-olds	2	Negative
	1	Don't know	3	25–34-year-olds	20	Unknown
Total	= 23	Client contacts	= 23	Client contacts	= 23	Client contacts

ACTIVITIES CONDUCTED

M	aterials Distributed	How many of the following were distributed?
	Yes	
	No	Brochures/informationCondomsRole Model Stories (TOTAL)
		Role Model Stories distributed by stage:
		 □ Pre-contemplation □ Contemplation □ Ready for action □ Action □ Maintenance □ Other (specify:
Re	eferrals Made*	How many referrals to each of the following services?
	Yes	☐ HIV counseling and testing☐ HIV medical care
	No	☐ STD screening and treatment
*	Note: Count only those referrals that will be tracked over time. A Referral Tracking Form may be required for each referral documented. Reference the <i>National Monitoring</i> and Evaluation Guidance for specifications regarding referrals.	 □ Prevention case management □ Reproductive health services □ Substance abuse services □ General medical □ Other (specify:

Stage-Based Encounter C	How many?				
☐ Yes*		TOTAL number conducted:	of	Stage-Based	Encounters
□No					
* Complete a Stage-Based Enco	ounter Form for each	Encounters conduc	cted	hv stage	
encounter documented.				by sluge	
		Pre-contemplation			
		☐ Ready for actic☐ Action	n		
		☐ Maintenance			
Other Activities – Please	Specify:				
Additional Notes (e.g., cha	allenges, facilitating f	actors, other influer	ncing	events or issu	es, etc.)
DELIVERY METHOD					
					_
Please specify how the ou	utreach activities	were delivered	(che	ck all that a	pply):
☐ In person					
Specify location and lo	ocation type(s):				
☐ Business	☐ Res4idence				
☐ Agency	☐ Church/religious	sinstitution			
☐ Bar/club	☐ Clinic/healthcar	e setting			
☐ Street/hangout	☐ Other				

☐ Internet (specify \	Internet (specify Web site:)							
□ Printed Materials								
☐ Magazin	☐ Magazines/newspapers (specify:)							
☐ Pamphle	ts/brochures (specify:							
☐ Posters/b	illboards (specify:)						
Aggregate Part	ICIPANT INFORMATION							
Record the total nur	nber for each category below (e.g.,)	Z Female).						
	13 or below19–24	35_44Unknown						
Age	13_1825_34	45 and older						
Gender	FemaleMale	Transgender (MTF)Transgender (FTM)						
Ethnicity	Hispanic/Latino	Not Hispanic/Latino						
Race	American Indian/Alaska NativeNative Hawaiian/Pacific IslandeAsianMore than one race	Black/African-American Race not identified er White						

	Sex involving transgender	Heterosexual at risk		
Client Primary Risk	MSM	Other		
	MSM/IDU	Refused		
	IDU	Not asked		
HIV Status	HIV+HIVDon't know	Refused to answerNot asked		

SMALL GROUP ACTIVITY INSTRUMENTS

Because data collection requirements and instruments vary, Safer Sex Gathering and HIV Presentation instruments are presented separately.

SAFER SEX GATHERINGS

REQUIRED

- Safer Sex Gathering Participant Information Form*
- Safer Sex Gathering Summary Log*

HIV PRESENTATIONS

REQUIRED

- HIV Presentation Summary Log
- * The data from the Safer Sex Gathering Participant Information Form are to be used to complete the Safer Sex Gathering Summary Log, which includes required NHM&E DS variables.

SAFER SEX GATHERING PARTICIPANT INFORMATION FORM

When to Use: During each Safer Sex Gathering (exact

time during gathering may vary)

Administered by: Facilitator

Completed by: Participant

The NHM&E DS variables listed in the table below are collected on the Safer Sex Gathering Participant Information Form. Note that the variables presented in the table include only those required variables captured on this instrument. Please refer to the National HIV Prevention Program Monitoring and Evaluation Data Set (CDC, 2008d) for the complete list and description of all M&E variables required for reporting to CDC, optional variables for local M&E, or the 2008 National HIV Prevention Program Monitoring and Evaluation Data Set Variable Requirements (Appendix D).



		ON PROGRAM MONITORING AND TA SET VARIABLES
NHM&E DS Table	NHM&E DS Number	Variable Name (Item # on Form)
Client Characteristics – Demographic (Table G1)	01	Date collected (today's date)
	02	PEMS client unique key (system generated)
	12	Date of birth year (1)
	13	Age (system calculated)
	14	Ethnicity (5)
	16	Race (6)
	18	More than one race (6)
	20	State/territory of residence (2)
	23	Assigned sex at birth (3)
	24	Current gender (4)

CDC'S NATIONAL HIV PREVENTION PROGRAM MONITORING AND **EVALUATION DATA SET VARIABLES (CONTINUED)** VARIABLE NAME (ITEM # ON FORM) NHM&E DS Table NHM&E DS Number 00 Client Characteristics – Date collected (today's date) Risk Profile (Table G2) 04 Previous HIV test (13) 05 HIV status (13) Date of last HIV-negative test (16) 06 07 Date of first HIV-positive test (14) 08 Medical care (HIV+) (15) 09 Pregnant (7) 10 In prenatal care (if pregnant) (8) 11 Client risk factors (18) Additional risk factors (18) 12 Recent STD (Not HIV) (17) 13

SAFER SEX GATHERING PARTICIPANT INFORMATION FORM

INSTRUCTIONS Please answer the following questions as truthfully as possible; there are no "right" or "wrong" answers. Your answers will be kept confidential and no identifying information will be associated with your responses. The information you provide will help us plan activities that provide the best services possible for your community. Once completed, please place your form in the envelope provided. Today's date: ____ / ___ (month/day/year) 1. What is your birth date? ____/ ___ (month/day/year) 2. In what state do you currently reside? 3. Were you born as a male or a female? 7. Are you currently pregnant? (only if female; if male, skip to question 13) ■ Male ☐ Yes ☐ Female ■ No (skip to question 13) ☐ Don't know (skip to question 13) 4. How do you view yourself now (i.e., what is your current gender)? ■ Male 8. Are you receiving prenatal care? (only if ☐ Female pregnant) ☐ Yes ☐ Transgender – male to female □ No ☐ Transgender – female to male ☐ Don't know 9. In the past 12 months, have you been in jail or prison for at least 24 hours? ☐ Yes 5. What best describes your ethnicity? ■ No ☐ Hispanic or Latino ☐ Not Hispanic or Latino 10. In the past 12 months, have you had sex for money? 6. What best describes your race? (check all ☐ Yes that apply) ☐ No (skip to question 12) ☐ American Indian or Alaska Native

☐ Black or African-American

☐ Native Hawaiian or Pacific Islander

☐ Asian

☐ White

11. Is this the main way you earned money?

☐ Yes

□ No

	e you ever had an HIV test? Yes No (skip to question 17) Don't know (skip to question 17)	16.		ou last test /(month/y	negative for HIV3 ear)
	at is your HIV status? HIV-positive (HIV+) HIV-negative (HIV–) (skip to question 16) Don't know (skip to question 17)	17.	•	with an Si ecify type)	s, have you beer TD (not includinç
11 Wha	en did you first test positive for HIV?		Chla	mydia	
T4. Wile	_/ (month/year) Don't know		☐ Gone	orrhea	
_	Don t know		Othe	er (specify: _)
or tr	you currently receiving medical care eatment for HIV? Yes No		□ No □ Don't kr	now	
18 . In th	e past 12 months, did you partake in any of t	he fo	llowing activ	ities?	
a. C	Oral sex with a man		☐ Yes	□ No	☐ Don't know
b. C	Oral sex with a woman		☐ Yes	□ No	□ Don't know
c. S	ex with a man		☐ Yes	□ No	□ Don't know
d. S	ex with a woman		☐ Yes	□ No	□ Don't know
e. S	ex with a transgender		☐ Yes	□ No	□ Don't know
f. S	ex while intoxicated or high		☐ Yes	□ No	□ Don't know
g. S	ex with someone who injects drugs		☐ Yes	□ No	□ Don't know
h. S	ex with a man who has sex with other men		☐ Yes	□ No	□ Don't know
i. S	ex with a person who has sex for drugs or mo	ney	☐ Yes	□ No	□ Don't know

Sex with a hemophiliac or a transplant recipient		☐ Yes	□ No	□ Don't know
Sex with an anonymous partner		☐ Yes	□ No	□ Don't know
Sex without using a condom		☐ Yes	□ No	□ Don't know
Injection drug use		☐ Yes	□ No	□ Don't know
Shared injection drug equipment		☐ Yes	□ No	□ Don't know
Exchanged sex for drugs, money, or something needed	you	☐ Yes	□ No	□ Don't know
 Started using condoms Increased use of condoms Use spermicides (such as jelly, cream, foam, or film) Abstain from sex Have less sex Stopped anal sex Have more oral sex (instead of vaginal or anal) Stopped trading sex Choose partners more carefully 	Reduced number of partners Practiced monogamy Stopped sharing works Stopped shooting drugs Became more informed about HIV/AIDS Talked to partners about safe sex Talked to partners about HIV/AIDS/STD Got tested for HIV/AIDS Got my partner tested for HIV/AIDS Other (specify) Did nothing			
ex (vaginal or anal) with your main partner? Would Very sure you won't Somewhat sure you won't Undecided – not sure if you will or won't Somewhat sure you will Very sure you will Does not apply to me	d yo	u say you are		very time you have
	Sex without using a condom Injection drug use Shared injection drug equipment Exchanged sex for drugs, money, or something a needed ease read the following statements. What have because of getting infected with HIV or infecting sor at apply. Started using condoms Increased use of condoms Use spermicides (such as jelly, cream, foam, or film) Abstain from sex Have less sex Stopped anal sex Have more oral sex (instead of vaginal or anal) Stopped trading sex Choose partners more carefully the next 3 months, how likely do you think you ex (vaginal or anal) with your main partner? Would Very sure you won't Somewhat sure you won't Undecided – not sure if you will or won't Somewhat sure you will Very sure you will Very sure you will Does not apply to me	Sex with an anonymous partner Sex without using a condom Injection drug use Shared injection drug equipment Exchanged sex for drugs, money, or something you needed ease read the following statements. What have you nance of getting infected with HIV or infecting someo at apply. Started using condoms Increased use of condoms Use spermicides (such as jelly, cream, foam, or film) Abstain from sex Have less sex Stopped anal sex Have more oral sex (instead of vaginal or anal) Choose partners more carefully the next 3 months, how likely do you think you will ex (vaginal or anal) with your main partner? Would you very sure you won't Somewhat sure you won't Undecided – not sure if you will or won't Somewhat sure you will Very sure you will Opes not apply to me	Sex with an anonymous partner Sex without using a condom Injection drug use Injection drug use Shared injection drug equipment Exchanged sex for drugs, money, or something you needed Exchanged sex for drugs, money, or something you needed Pes Exchanged sex for drugs, money, or something you needed Started using condoms Increased use of condoms	Sex with an anonymous partner Sex without using a condom Injection drug use Shared injection drug equipment Exchanged sex for drugs, money, or something you needed Pess No Exchanged sex for drugs, money, or something you needed Pess No Exchanged sex for drugs, money, or something you needed Pess Stopped sharing works or silve specification or film) Started using condoms Increased use of condoms Increased use of condoms Heduced number of part Practiced monogamy Stopped sharing works or film) Abstain from sex Have less sex Talked to partners about and in the last operation of the last of the l

21.	sex	he next 3 months, how likely do you think you will start using a condom every time you have (vaginal or anal) with one of your other partners? Would you say you are: Very sure you won't Somewhat sure you won't Undecided – not sure if you will or won't Somewhat sure you will Very sure you will Does not apply to me Other (explain:
22.		w did you hear about RAPP Safer Sex gatherings? Agency (specify:) Billboard, flyer, brochure, newspaper, etc. (specify:) Your partner
		A family member or friend Self Other (specify):

THANK YOU FOR YOUR PARTICIPATION!



When to Use: At the conclusion of each Safer Sex

Gathering

Administered by: Facilitator

Completed by: Facilitator

The NHM&E DS variables listed in the table below are collected on the Safer Sex Gathering Summary Log. Note that the variables presented in the table include only those required variables captured on this instrument. Please refer to the National HIV Prevention Program Monitoring and Evaluation Data Set (CDC, 2008d) for the complete list and description of all M&E variables required for reporting to CDC, optional variables for local M&E, or the 2008 National HIV Prevention Program Monitoring and Evaluation Data Set Variable Requirements (Appendix D).

CDC'S NATIONAL HIV PREVENTION PROGRAM MONITORING AND EVALUATION DATA SET VARIABLES							
NHM&E DS Table	NHM&E DS Number	VARIABLE NAME (ITEM # ON FORM)					
Client Intervention Characteristics (Table H)	05	Session number (This will always be 1)					
	06	Session date-month (Date of event)					
	07	Session date-day (Date of event)					
	08	Session date-year (Date of event)					
	09	Worker ID (Staff ID)					
	10	Site name (Location of event)					
	11	Duration of session (Duration)					
	20	Activity (Topics Covered, Activities Conducted – A, B, C, & D)					

SAFER SEX GATHERING SUMMARY LOG

INSTRUCTIONS

- A summary log should be completed for EACH Safer Sex Gathering conducted.
- In addition to this summary log, Safer Sex Gathering participants should complete the Safer Sex Participant Information Form, an instrument that collects client-level behavioral data.

	STAFF NAME	STAFF ID
1.		
2.		
3.		
Date	e of outreach event://	
Durc	ation of outreach event: (in hours)	
Start	time: a.m./p.m. End time: _	a.m./p.m.
Tota	I number of client contacts:	
Loca	tion of SBE (specify address or specific locatio	n as possible):
Loca	tion Type:	
	Susiness	re facility

DELIVERY METHOD	
Please specify how the HIV presentation was delivered	d (check all that apply):
 □ In person □ Internet □ Printed materials □ Magazines/newspapers □ Pamphlets/brochures □ Posters/billboards 	□ Radio □ Telephone □ Television □ Video □ Other (specify:)
TOPICS COVERED	
Please indicate what topics were addressed during the possible, providing details in the space provided.	ne Safer Sex Gathering. Please be as specific as
 □ HIV/AIDS □ Other STDs (e.g., Chlamydia, gonorrhea) □ Viral hepatitis □ Substance use □ Injection drug use □ Condom use □ Availability of HIV/STD counseling and testing □ Availability of medical and social services □ Availability of partner notification and referral serv □ Other (please specify) 	Living with HIV/AIDS Disclosing HIV+ status Abstinence Negotiation skills Communication skills Decision-making skills Reproductive health Domestic violence HIV medical adherence
ACTIVITIES CONDUCTED	
A. Materials Dissemination Please indicate which materials were distributed durin number disseminated.	ng the Safer Sex Gathering. For each, specify the
MATERIAL	How Many?
☐ Male condoms	
☐ Female condoms	

MATERIAL	How Many?	
☐ Dental dams		
☐ Lubricants		
☐ Educational materials		
□ Referral lists		
□ Safer sex kits		
☐ Role Model Stories		
☐ Other (specify:)	
B. Referrals*	•	
Please indicate how many referrals were made t	o each of the following (e.g., <u>4</u> HIV Medical Ca	re):
HIV counseling and testing	HIV medical care	
STD screening and treatment	Prevention case management	
Reproductive health services	Substance abuse services	
General medical care	Other (specify:)
	er time. A Referral Tracking Form is required for each Evaluation Guidance (CDC, 2008b) for specifications re	
C. Skills Building Activities		
Please indicate which of the following activities	were conducted during the Safer Sex Gathering:	
Demonstration	Practice	
 □ Condom/barrier use □ Decision making □ Negotiation and communication □ Other (specify:) 	 □ Condom/barrier use □ Decision making □ Negotiation and communication □ Other (specify:)

D. Other Activities

	information ic as possible	any	other	activities	that	took	place	during	this	HIV

AGGREGATE PARTICIPANT INFORMATION

Record total number for each category (e.g., \underline{Z} Female).*

For example:

		GENDER	AGE		HIV STATUS	
	12	Males	5	13–18 year olds	1	Positive
	10	Females	15	19–24 year olds	2	Negative
	1	Don't know	3	25–34 year olds	20	Unknown
Total	= 23	Client contacts	= 23	Client contacts	= 23	Client contacts

Recruitment	Agency (specify):
Source	Billboard, flyer, brochure, newspaper, etc. (specify):
	Your partner
	A family member or friend
	Self
	Other (specify):
	Unknown

^{*} Note: Total numbers for each of the demographic characteristics should equal one another.

Age	13 or below19–24	35-44Unknown
	13–1825–34	45 and older
Gender	FemaleMaleTransge	ender (MTF)Transgender (FTM)
Ethnicity	Hispanic/Latino	Not Hispanic/Latino
Race	American Indian/Alaska Native	White
	Black/African-American	More than one race
	Asian	Race not identified
	Native Hawaiian/Pacific Islander	
Client Primary	Sex involving transgender	Heterosexual at risk
Risk	MSM	Other
	MSM/IDU	Refused
	IDU	Not asked
HIV Status	HIV+	Don't know
	HIV_	Refused to answer
		Not asked
ADDITIONAL N	OTES (E.G., CHALLENGES, FACILITATING FACTORS,	OTHER INFLUENCING EVENTS OR ISSUES, ETC.)



When to Use: At the conclusion of each HIV

presentation

Administered by: Facilitator

Completed by: Facilitator



The NHM&E DS variables listed in the table below are collected on the HIV Presentation Summary Log. Note that the variables presented in the table include only those required variables captured on this instrument. Please refer to the National HIV Prevention Program Monitoring and Evaluation Data Set (CDC, 2008d) for the complete list and description of all M&E variables required for reporting to CDC, optional variables for local M&E, or the 2008 National HIV Prevention Program Monitoring and Evaluation Data Set Variable Requirements (Appendix D).

CDC'S NATIONAL HIV PREVENTION PROGRAM MONITORING AND EVALUATION DATA SET VARIABLES						
NHM&E DS Table	NHM&E DS Number	VARIABLE NAME (ITEM # ON FORM)				
Health Communication/ Public Information	01	Intervention name				
(Table HC)	02	HC/PI delivery methods (1)				
	03	Activity (2, 3, 4, 5, 6)				
	05	Event start date				
	06	Event end date				
	06a	Data reported as of date (use to indicate dates of updates)				

HIV PRESENTATION SUMMARY LOG

Instructions							
Complete a summary log for EACH HIV Presentation conducted.							
STAFF NAME	STAFF ID						
1.							
2.							
3.							
Date of outreach event: / / Duration of outreach event: (in hours) Start time: a.m./p.m. End time: a.m./p.m.							
Total number of client contacts: General description of clients (e.g., women's group, public housing residents)							
Total number of clients in attendance:							

DE	LIVE	RY METHOD	
_			
1.		use specify how the HIV presentation was delivered (che	
		In person (specify address: Internet (specify Web site: Printed materials Magazines/newspapers Pamphlets/brochures Posters/billboards Radio Telephone Television Video	
		Other (specify:)	
To	PICS	COVERED	
. •	1105	COVERED	
2.		ase indicate what topics were addressed during the Saf possible, providing details in the space provided.	er Sex Gathering. Please be as specific
		HIV/AIDS Other STDs (e.g., Chlamydia, gonorrhea) Viral hepatitis Substance use Injection drug use Condom use Availability of HIV/STD counseling and testing Availability of partner notification and referral services	 □ Living with HIV/AIDS □ Disclosing HIV+ status □ Abstinence □ Negotiation skills □ Communication skills □ Decision making skills □ Reproductive health □ Domestic violence □ HIV medical adherence
		Other (please specify)	

ACTIVITIES CONDUCTED

A. Materials Dissemination

3. Please indicate which materials were distributed during the Safer Sex Gathering. For each, specify the number disseminated.

	MATERIAL	How Many?
	☐ Male condoms	
	☐ Female condoms	
	☐ Dental dams	
	□ Lubricants	
	☐ Educational materials	
	☐ Referral lists	
	☐ Safer sex kits	
	☐ Role Model Stories	
	☐ Other (specify:	_)
	Care): HIV counseling and testingHIV medical care	
	STD screening and treatment Prevention case r	
	Reproductive health services Substance abuse	services
	General medical careOther (specify:)
*	Count only those referrals that will be tracked over time. A Referral Tracking Form documented. Reference the National Monitoring and Evaluation Guidance for specifical	
C.	Skills-Building Activities	
5.	Please indicate which of the following activities were conducted during	the Safer Sex Gathering:
	5a. Demonstration 5b. Practice	
	□ Condom/barrier use □ Condom/barrier □ Decision making □ Decision in □ Negotiation and communication □ Negotiation □ Other (specify:) □ Other (specify:)	naking on and communication

D. Other Activities

	detailed inf as specific		Office de	CIIVIIIC3	iiidi io	ok piace	auring	11113
	'	'						

AGGREGATE PARTICIPANT INFORMATION

As feasible, record the total number for each of the following demographic categories (e.g., $\underline{7}$ Female).

While individual client-level information is not required for participants attending an HIV presentation, collecting this information may help you improve your program planning and service delivery. Depending on the size of the HIV presentation, it may be impractical to gather this type of information.

Recruitment Source	Agency (specify):					
Source	Billboard, flyer, brochure, newspaper, etc. (specify):					
	Your partner					
	A family member or friend					
	Self					
	Other (specify):					
	Unknown					
Age	13 or below19–2435–44Unknown					
	13-1825-3445 and older					
Gender	FemaleMaleTransgender (MTF)Transgender (FTM)					

Ethnicity	Hispanic/Latino	Not Hispanic/Latino			
Race	American Indian/Alaska Native	White			
	Black/African-American	More than one race			
	Asian	Race not identified			
	Native Hawaiian/Pacific Islander				
Client Primary	Sex involving transgender	Heterosexual at risk			
Risk	MSM	Other			
	MSM/IDU	Refused			
	IDU	Not asked			
HIV Status	HIV+HIVDon't know	Refused to answerNot asked			
ADDITIONAL NOT	'ES (E.G., CHALLENGES, FACILITATING FACTORS, OTI	HER INFLUENCING EVENTS OR ISSUES, ETC.)			

COMMUNITY NETWORK INSTRUMENTS

Though the Community Network Activity Form is not required, using this (or a similar) form will help your staff systematically collect the information for the Community Network Summary Log.

REQUIRED

Community Network Summary Log

OPTIONAL

- Community Network Activity Form*
- * While the Community Network Activity Form is optional, the data from this form will be used to complete the Community Network Summary Log, which includes required NHM&E DS variables.



When to Use: After each Community Network visit

Administered by: Agency Staff

Completed by: Agency Staff



COMMUNITY NETWORK ACTIVITY FORM

INSTRUCTIONS

- Complete this activity log EACH time a business/organization is visited. Include all relevant activities, specifying additional details when prompted. If you need additional space or would like to include additional information, please use the "Additional Comments" space at the bottom.
- This information may be transferred to the Community Network Summary Log for an aggregate record.

GENERAL INFORMATION					
Staff name:	Staff ID:				
Date: /					
Name of business/organization:					
Contact person(s):					
Location/address:					
Business/organization type:					
 □ Nail/hair salon □ Welfare office □ Drug store □ Record store □ Woman's shelter □ Religious setting 	 □ Bank □ Restaurant/bar □ Convenience store □ Counseling center □ Healthcare setting □ Other (specify:) 				
COMMUNITY NETWORK INFORMATION					
Level of Participation:					
☐ Endorsement: expressing approval or acceptor stickers in window and Role Model Stories on frequent her store that RAPP outreach staff are	the counter; store owner tells prostitutes who				
Support: providing assistance for existence or maintenance of RAPP activities or efforts (e.g., housing association provides project meeting space for free; sandwich shop provides lunch for volunteers)					
Participation: taking part in an activity that is directly related to HIV prevention (e.g., community health center staff hand out and discuss RAPP materials with clients; ex-prostitutes volunteer to be Peer Networkers)					
Coalition Building: forming alliances, affiliations, or associations around RAPP cause (e.g., several community organizations working with RAPP come together to lobby the city council for a needle exchange program; an agency convenes a meeting twice per year with influential community members to discuss issues related to RAPP's goals)					

Actions (check all that apply):

Talked to co Left nur Left nur Left nur Left nur	mber mber mber mber ater Mater ert #	#) ert #)	ty Network	
☐ Business/organization agreed to sponsor Safer Sex Gathering				
Specify:		Financial sponsorship (\$)		
		Provided location/hosted gathering		
		Provided gifts/prizes		
		Other sponsorship (specify:)		
		nization agreed to sponsor HIV Presentation Financial sponsorship (\$)		
		Provided location/hosted gathering		
		Provided gifts/prizes		
		Other sponsorship (specify:)		
Other Specify:				

NEXT STEPS	
Indicate next steps to be taken for this Community Network agency/organization (e.g., che condom quantity in 3 weeks).	ck or
ADDITIONAL NOTES (E.G., CHALLENGES, FACILITATING FACTORS, OTHER INFLUENCING EVENTS OR ISSUES, ETC.)



When to Use: Ongoing, as Community Network

activities occur

Administered by: Agency Staff

Completed by: Agency Staff



The NHM&E DS variables listed in the table below are collected on the Community Network Summary Log. Note that the variables presented in the table include only those required variables captured on this instrument. Please refer to the National HIV Prevention Program Monitoring and Evaluation Data Set (CDC, 2008d) for the complete list and description of all M&E variables required for reporting to CDC, optional variables for local M&E, or the 2008 National HIV Prevention Program Monitoring and Evaluation Data Set Variable Requirements (Appendix D).

CDC'S NATIONAL HIV PREVENTION PROGRAM MONITORING AND EVALUATION DATA SET VARIABLES					
NHM&E DS Table	NHM&E DS Number	VARIABLE NAME			
Health Communication/ Public Information (Table HC)	01	Intervention name			
	02	HC/PI delivery methods			
	03	Activity			
	05	Event start date			
	06	Event end date			
	06a	Data reported as of date (use to indicate dates of updates)			

COMMUNITY NETWORK SUMMARY LOG

Instructions					
This form is a tool to document Community Network activities. Information is recorded in aggregate for each intervention cycle of the Community Network.					
Start date: / End date: / /					
How many organizations of the following types participated in your agency's Community Network?					
□ Nail/hair salon □ Welfare office □ Drug store □ Restaurant/bar □ Convenience store □ Counseling center □ Woman's shelter □ Healthcare setting □ Religious setting □ Other (specify:					
Indicate the total number of Community Network organizations/businesses for each of the following levels of participation:					
 Endorsement: expressing approval or acceptance of RAPP (e.g., business displays RAPP logo stickers in window and Role Model Stories on the counter; store owner tells prostitutes who frequent her store that RAPP outreach staff are "OK" to talk to) Support: providing assistance for existence or maintenance of RAPP activities or efforts (e.g., housing association provides project meeting space for free; sandwich shop provides lunch for volunteers) 					
Participation: taking part in an activity that is directly related to HIV prevention (e.g., community health center staff hand out and discuss RAPP materials with clients; ex-prostitutes volunteer to be Peer Networkers)					
□ Coalition Building: forming alliances, affiliations, or associations around RAPP cause (e.g., several community organizations working with RAPP come together to lobby the city council for a needle exchange program; an agency convenes a meeting twice per year with influential community members to discuss issues related to RAPP's goals)					

Indicate the total number of businesses/organizations that participated in the following activities.
Distributed/made available Role Model Stories
Distributed/made available condoms
Distributed/made available "How to Use Condoms" materials
Distributed/made available other HIV prevention materials
Sponsored Safer Sex Gathering
Of these, how many provided financial sponsorship?
Of these, how many provided location/hosted gathering?
Of these, how many provided gifts/prizes?
Of these, how many provided a different level of sponsorship?
Sponsored HIV presentation
Of these, how many provided financial sponsorship?
Of these, how many provided location/hosted gathering?
Of these, how many provided gifts/prizes?
Of these, how many provided a different level of sponsorship?
Other activity (specify):
ADDITIONAL NOTES (E.G., CHALLENGES, FACILITATING FACTORS, OTHER INFLUENCING EVENTS OR ISSUES, ETC.)



When to Use: As referrals are made

Administered by: Agency Staff providing referral (e.g.,

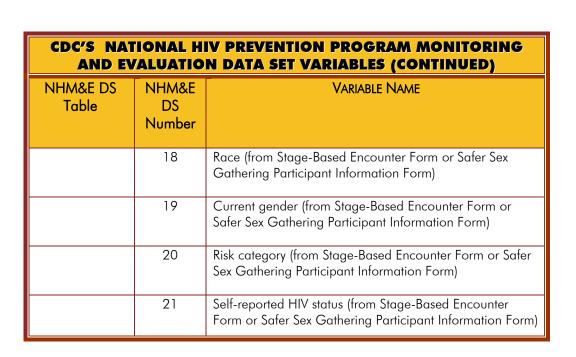
Facilitator, Outreach Worker, Program

Manager)

Completed by: Agency Staff providing referral

The NHM&E DS variables listed in the table below are collected on the Referral Tracking Form. Note that the variables presented in the table include only those required variables captured on this instrument. Please refer to the National HIV Prevention Program Monitoring and Evaluation Data Set (CDC, 2008d) for the complete list and description of all M&E variables required for reporting to CDC, optional variables for local M&E, or the 2008 National HIV Prevention Program Monitoring and Evaluation Data Set Variable Requirements (Appendix D).

CDC'S NATIONAL HIV PREVENTION PROGRAM MONITORING AND EVALUATION DATA SET VARIABLES NHM&E DS NHM&E DS VARIABLE NAME Table Number Referral 01 Referral code (Table X-7) Referral date 02 03 Referral service type Referral follow-up 05 06 Referral outcome Confirmed internal referral site ID 06a 7 Confirmed network agency name Referral close date 10 Age (from Stage-Based Encounter Form or Safer Sex 16 Gathering Participant Information Form) Ethnicity (from Stage-Based Encounter Form or Safer 17 Sex Gathering Participant Information Form)



REFERRAL TRACKING FORM

INSTRUCTIONS

- The following Referral Tracking Form is optional but should be completed for each individual who receives a referral that will be tracked over time.
- Referral forms should be used to document the provider's efforts and the results of these efforts to follow-up on each referral made for a client.
- Codes and explanations on how to use and complete this form is on the following page.

Client ID:		

Referral Code:			
Referral Date:	//		
	mm dd yyyy		
Referral Service	☐ HIV testing	☐ P	PCRS
Type:	☐ HIV confirmatory test	☐ P	
	HIV prevention counseling		Other HIV prevention services
	STD screening/treatment		Mental health services
	☐ Viral hepatitis screening/ treatment/immunization		Other prevention services (specify):
	☐ Tuberculosis testing	_	
	☐ Syringe exchange services	_	
	☐ Substance abuse prevention or		Other support services (specify):
	treatment services	_	
	☐ IDU risk reduction services	_	
	Reproductive health services		
	Prenatal care		Other services (specify):
	HIV medical care/evaluation/ treatment		Officer services (specify).
	General medical care	_	
Referral Follow-up		_	
Method:	□ None □ Active referral		
	Passive referral – agency verification		
(Choose only one)	Passive referral – client verification		
Referral Outcome:	☐ Pending	_	
(C)	☐ Confirmed – accessed service		
(Choose only one)	Confirmed – did not access service		
	Lost to follow-up		

Referral Close Date:	mm dd yyyy
Referral Notes: (optional)	

	REFERRAL CODES AND EXPLANATIONS				
Referral Code	Create and enter a unique code that your agency will use to track the client's referral to another agency.				
Referral Date	The date the referral was made.				
Referral Service Type	Indicate the type of service the client is being referred to.				
Referral Follow-up Method	 Indicate the method by which the referral will be verified. Options include: Active Referral – direct linkage (access) to a service provider Passive Referral – agency verification: confirmation that the client accessed services by the receiving agency Passive Referral – client verification: confirmation by the client that he/she accessed services None – no plan to verify the completion of this referral 				
Referral Outcome	Indicate the current status of the referral at the time of follow-up. Options include: Pending – the status of the referral can't be confirmed or denied Confirmed – accessed service Confirmed – did not access service Lost to follow-up – the provider has been unable to verify the status of the referral within 60 days of the referral date.				
Referral Close Date	A date indicating when the referral is confirmed or lost to follow-up.				
Referral Notes	(Optional) additional notes about the referral.				

APPENDICES



APPENDIX A: RAPP BEHAVIORAL RISK ANALYSIS

This appendix provides a generic behavior risk analyses for the various populations identified in the RAPP program manual. A behavioral risk analysis shows the relationships between the personal, interpersonal, societal, and environmental factors (also referred to as "behavioral determinants" or "determinants of risk") which facilitate high risk behaviors. This information is used to understand why members of the target population engage in the identified risk behavior, and where RAPP intervenes to protect individuals against the determinants of risk. Appendix A-1 describes the factors that influence HIV risk behaviors in the populations in a table format. The flowchart that follows the table (Appendix A-2) is another way to show the relationships between the factors that influence HIV risk and the targeted risk behavior. You should modify the risk analysis to illustrate the influencing factors specific to your target population and local environmental conditions. Use information obtained through a needs assessment of your target populations. You may choose to map out the relationships between the determinants of risk in a table format or as a flowchart.



Behavioral Risk Analysis for RAPP

WHO	RISK BEHAVIOR	WHY		
	Unprotected sex with multiple partners of	→ Partners provide financial support – money, drugs, housing, etc.		t access to income/resources
			Lack condom use skillsLack condom negotiation skills	
		Do not want to ask partners about risk	→ Fear jeopardizing relationship	
			Perceive asking about risk as violation of "trust"	
WOMEN HAVING SEX WITH MULTIPLE PARTNERS unknown status – increase in number of partners increases likelihood that one or more will be HIV+	→ Partners provide varying levels of emotional support ma	→ Fear that condom use may be seen as violation of "trust"	→ Need to be "in a relationship" – part of identity tied to	
		 Request for condom use may jeopardize relationship 	relationships	
		→ Need for attention		
		 Request for condom use may jeopardize relationship 	→ Need to feel validated	
			Partner may threaten violence	History of abuse of neglect
			violetice	→ Fear violence

WHO	RISK BEHAVIOR	WHY			
		All of the factors from "Women with multiple sex partners," plus:			
FEMALE PARTNERS		→ IDU status or sexual practices unknown → Partner does not provide truthful information	→ Partner provides emotional and/or		
OF MEN OF UNKNOWN STATUS (BISEXUAL, IDU, OR PREVIOUSLY	Unprotected sex with partner at increased risk for HIV	→ In denial about partner's risk (i.e., afraid to ask)	financial support Fear of jeopardizing relationship Issues of trust		
INCARCERATED)		 Desire to have biological children with partner Need to feel validated 	→ Need to be "in a relationship" – part of identity tied to relationships		

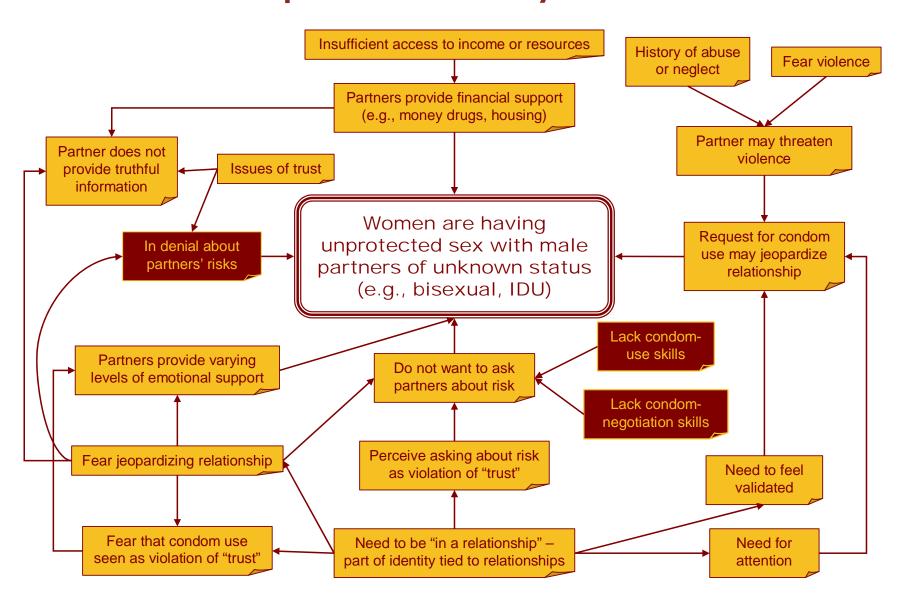
WHO	RISK BEHAVIOR	WHY			
		All of the factors from "Women with multiple sex partners," plus:			
Females with HIV+ partners	HIV intected partners	→ Desire to not use condoms "all the time"	 Increased pleasure Peer pressure Trust issues Desire to please partner Inconvenience Lack of self-confidence Low self-esteem Fear of loss of relationship 		
			→ Insufficient access to condoms		
		→ Motivated to have children	 Desire to have biological children with their partner Child may provide emotional support Want partner legacy 		

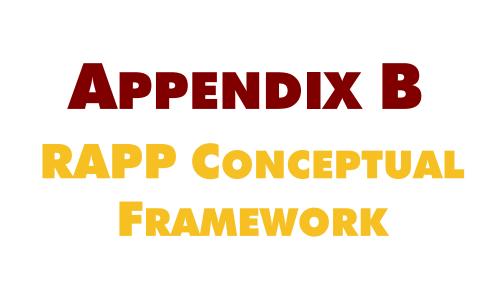
WHO	RISK BEHAVIOR	WHY			
FEMALE PARTNERS OF SEX WORKERS OR THOSE WITH MULTIPLE PARTNERS	Unprotected sex with partner at increased risk for HIV	All of the factors from "Women with multiple sex partners," plus: → May be unaware of partner's other partners → May feel less vulnerable as "primary partner" → Do not translate partner's behavior as own personal risk → Partner does not provide truthful information → In denial about partner's risk (i.e., afraid to ask)			

WHO	RISK BEHAVIOR	WHY				
		Customers may refuse and threaten violence		→ Fear violence		
	Increase in number of	→ Insufficient access to condoms				
FEMALE SEX WORKERS	partners (unprotected) increases likelihood that one or more will be HIV+	Sex without a condom yields more money (higher rates)	 Insistence on condom use may reduce number of customers Condoms may be perceived as less pleasurable 	→ More partners translates to increased income	 → Limited sources of income → Limited marketable skills → Limited education 	

WHO	RISK BEHAVIOR	WHY	
	Sharing needles that may be contaminated with virus	→ No money to purchase needles → Substance-using lifestyle compromises wage-earning activities	
		→ Monies obtained quickly spent to support substance use	
		→ Purchase/possession of needles illegal→ State and Federal laws	
		 → Needle-sharing behaviors integrated into the culture of substance use → Drug-using partners may substitute for family → Need to belong 	
Substance -using Women	Unprotected sex with IDUs who may be HIV+	All of the factors from above, plus:	
WOMEN		 Exchange sexual favors for drugs or money to purchase drugs Substance-using lifestyle compromises wage-earning activities 	
		→ Spouse or primary partner of male IDU → Partner may see condom use as violation of "trust" → Fear of jeopardizing relationship	
	Unprotected sex while under the influence of alcohol and/or other substances	→ Influence of substances impairs decision making	

Example: Behavioral Risk Analysis for RAPP



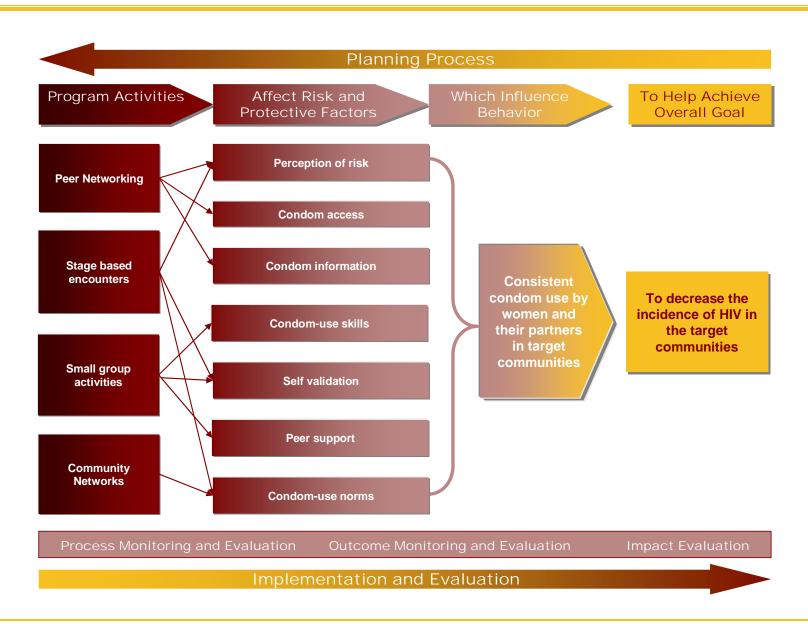


APPENDIX B: RAPP CONCEPTUAL FRAMEWORK

This appendix provides a conceptual framework for RAPP. This framework depicts the influential relationship of intervention activities on determinants of risk to influence behavior change. Use information obtained through a needs assessment of your target population to modify this framework to illustrate the determinants of risk specific to your target population.



APPENDIX B: RAPP CONCEPTUAL FRAMEWORK



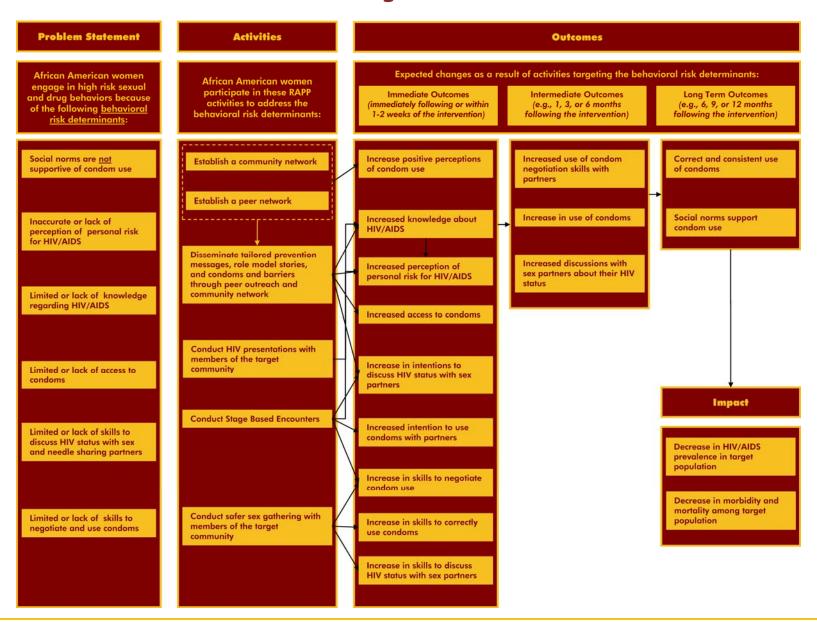


RAPP LOGIC MODEL

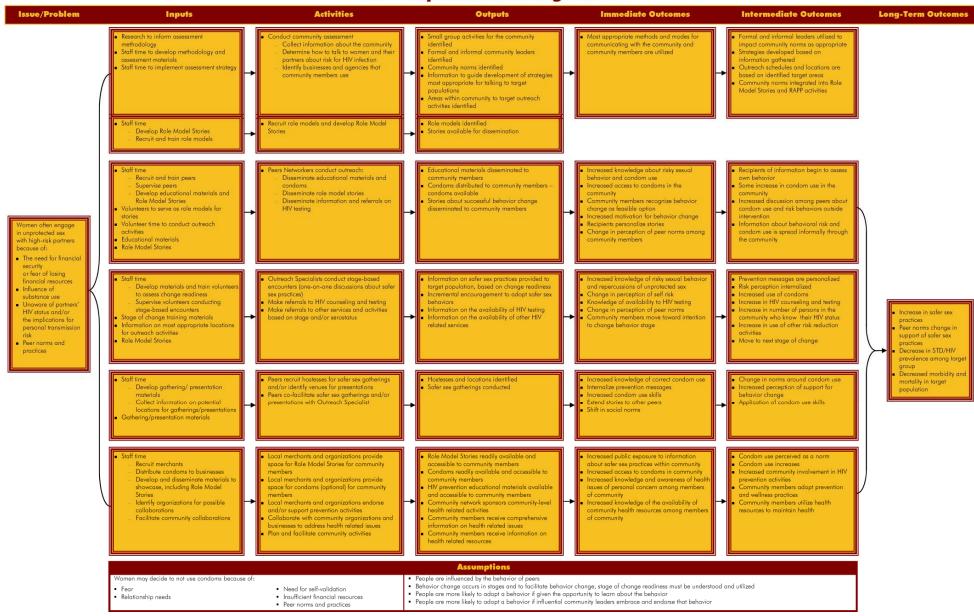
This section provides two logic models for RAPP—the first is a theoretical logic model and the second is an implementation logic model. Both models reflect the relationship between the activities and the anticipated outcomes as described in the RAPP program manual. The theoretical logic model (C-1) identifies the knowledge, beliefs, attitudes, and community factors (i.e., behavioral determinants) that influence the target population's behavior. These are the determinants that the intervention will address through its various activities. The implementation logic model (C-2) portrays the resources required (i.e., inputs) and outputs of the intervention. As with the situational risk analysis, it is important that you adapt and tailor the logic model to reflect your agency's implementation of RAPP.



Theoretical Logic Model for RAPP



RAPP Implementation Logic Model



APPENDIX D: 2008 NATIONAL HIV PREVENTION PROGRAM MONITORING AND EVALUATION DATA SET (NHM&E DS) VARIABLE REQUIREMENTS

The table below presents a summary of the variable requirements for the data collection periods of January 1 and July 1, 2008, excluding variable requirements for HIV Testing and Partner Counseling and Referral Services (PCRS). HIV Testing variable requirements are currently specified in the HIV Testing Form and Variables Manual and the CDC HIV Testing Variables Data Dictionary (both are available on the PEMS Web site, https://team.cdc.gov). Requirements for PCRS will be released later in 2008. Since this document only provides a summary of the requirements, please refer to the NHM&E DS (CDC, 2008d) for a more detailed description of definitions and value choices.

VARIABLE NUMBER	VARIABLE NAME	HD & CDC REPORTED REQUIRED
	GENERAL AGENCY INFORMATION (TABLE A)	
A01	Agency Name	Required
A01a	PEMS Agency ID	Required
A02	Community Plan Jurisdiction	Required
A03	Employer Identification Number (EIN)	Required
A04	Street Address 1	Required
A05	Street Address 2	Required
A06	City	Required
A08	State	Required
A09	Zip Code	Required
A10	Agency Website	Required
A11	Agency DUNS Number	Required
A12	Agency Type	Required
A13	Faith-based	Required
A14	Race/Ethnicity Minority Focused	Required
A18	Directly Funded Agency	Required
A21	Agency Contact Last Name	Required
A22	Agency Contact First Name	Required
A23	Agency Contact Title	Required
A24	Agency Contact Phone	Required
A25	Agency Contact Fax	Required
A26	Agency Contact Email	Required

VARIABLE NUMBER	VARIABLE NAME	HD & CDC REPORTED REQUIRED
	CDC Program Announcement Award Information (TA	ABLE B)
BO1	CDC HIV Prevention PA Number	Required
B02	CDC HIV Prevention PA Budget Start Date	Required
B03	CDC HIV Prevention PA Budget End Date	Required
BO4	CDC HIV Prevention PA Award Number	Required
B06	Total CDC HIV Prevention Award Amount	Required
B06a	Annual CDC HIV Prevention Award Amount Expended	Required
B07	Amount Allocated for Community Planning	Required
B08	Amount Allocated for Prevention Services	Required
B09	Amount Allocated for Evaluation	Required
B10	Amount Allocated for Capacity Building	Required
	CONTRACTOR INFORMATION (TABLE C)	
C01	Agency Name	Required
C04	City	Required
C06	State	Required
C07	Zip Code	Required
C13	Employer Identification Number (EIN)	Required
C14	DUNS Number	Required
C15	Agency Type	Required
C16	Agency Activities	Required
C17	Faith-based	Required
C18	Race/Ethnicity Minority Focused	Required
C19	Contract Start Date - Month	Required
C20	Contract Start Date -Year	Required
C21	Contract End Date - Month	Required
C22	Contract End Date - Year	Required
C23	Total Contract Amount Awarded	Required
C25	CDC HIV Prevention Program Announcement Number	Required
C26	CDC HIV Prevention PA Budget Start Date	Required
C27	CDC HIV Prevention PA Budget End Date	Required
	Site Information (Table S)	
S01	Site ID	Required
S03	Site Name	Required
S04	Site Type	Required
S08	County	Required
S09	State	Required
S10	Zip Code	Required
S16	Use of Mobile Unit	Required

VARIABLE NUMBER	VARIABLE NAME	HD & CDC REPORTED REQUIRED		
	Program Name - Planning (Table D)			
D01	Program Name	Required		
D02	Community Planning Jurisdiction	Required		
D03	Community Planning Year	Required		
	PROGRAM MODEL AND BUDGET - PLANNING (TABLE E1)			
E101	Program Model Name	Required		
E102	Evidence Base	Required		
E103	CDC Recommended Guidelines	Required		
E104	Other Basis for Program Model	Required		
E105	Target Population	Required		
E107	Program Model Start Date	Required		
E108	Program Model End Date	Required		
E109	Proposed Annual Budget	Required		
	INTERVENTION PLAN CHARACTERISTICS (TABLE F)			
F01	Intervention Type	Required		
F02	Intervention Name/ID	Required		
F03	HIV+ Intervention	Required		
F04	Perinatal Intervention	Required		
F05	Total Number of Clients	Required		
F06	Sub-Total Target Population	Required		
F07	Planned Number of Cycles	Required		
F08	Number of Sessions	Required		
F09	Unit of Delivery	Required		
F11	Delivery Method	Required		
F14	Level of Data Collection	Required		
	CLIENT CHARACTERISTICS (TABLE G)			
G101	Date Collected	Required		
G102	PEMS Client Unique Key	Required		
G112	Date of Birth - Year	Required		
G113	Calculated Age	Required		
G114	Ethnicity	Required		
G116	Race	Required		
G120	State/Territory of Residence	Required		
G123	Assigned Sex at Birth	Required		
G124	Current Gender	Required		
G200	Date Collected	Required		
G204	Previous HIV Test	Required		
G205	Self Reported HIV Test Result	Required		
G208	In HIV Medical Care/Treatment (only if HIV+)	Required		

VARIABLE NUMBER	VARIABLE NAME	HD & CDC REPORTED REQUIRED	
CLIENT CHARACTERISTICS (TABLE G) (CONTINUED)			
G209	Pregnant (only if female)	Required	
G210	In Prenatal Care (only if pregnant)	Required	
G211	Client Risk Factors ***	Required	
G212	Additional Client Risk Factors ^ ^ ^	Required	
G213	Recent STD (Not HIV)	Required	
***\	acall pariod for client risk factors is 12 months		

^{***}Note: The recall period for client risk factors is 12 months. ^ ^ Note: Additional value choices for risk factors added:

- Sex without using a condom
- Sharing drug injection equipment

CLIENT INTERVENTION CHARACTERISTICS (TABLE H)				
H01	Intervention Name/ID	Required		
H01a	Cycle	Required		
H05	Session Number	Required		
H06	Session Date - Month	Required		
H07	Session Date - Day	Required		
H08	Session Date - Year	Required		
H10	Site Name/ID	Required		
H13	Recruitment Source	Required		
H18	Recruitment Source - Service/Intervention Type	Required		
H21	Incentive Provided	Required		
H22	Unit of Delivery	Required		
H23	Delivery Method	Required		
	REFERRAL (TABLE X7)			
X701	PEMS Referral Code	Required		
X702	Referral Date	Required		
X703	Referral Service Type	Required		
X706	Referral Outcome	Required		
X710	Referral Close Date	Required		

VARIABLE NUMBER	VARIABLE NAME	HD & CDC REPORTED REQUIRED		
	AGGREGATE HE/RR AND OUTREACH (TABLE AG)			
AG00	Intervention Name	Required		
AG01	Session Number	Required		
AG02	Date of Event/Session	Required		
AG03	Duration of Event/Session	Required		
AG04	Number of Client Contacts	Required		
AG05a	Delivery Method	Required		
AG05c	Incentive Provided	Required		
AG06	Site Name/ID	Required		
AG08a	Client Primary Risk - MSM	Required		
AG08b	Client Primary Risk - IDU	Required		
AG08c	Client Primary Risk - MSM/IDU	Required		
AG08d	Client Primary Risk - Sex Involving Transgender	Required		
AG08e	Client Primary Risk - Heterosexual Contact	Required		
AG08f	Client Primary Risk - Other/Risk Not Identified	Required		
AG09a	Client Gender - Male	Required		
AG09b	Client Gender - Female	Required		
AG09c	Client Gender - Transgender MTF	Required		
AG09d	Client Gender - Transgender FTM	Required		
AG10a	Client Ethnicity - Hispanic or Latino	Required		
AG10b	Client Ethnicity - Not Hispanic or Latino	Required		
AG11a	Client Race - American Indian or Alaska Native	Required		
AG11b	Client Race - Asian	Required		
AG11c	Client Race - Black or African American	Required		
AG11d	Client Race - Native Hawaiian or Other Pacific Islander	Required		
AG11e	Client Race - White	Required		
AG12a	Client Age - Under 13 years	Required		
AG12b	Client Age – 13–18 years	Required		
AG12c	Client Age – 19–24 years	Required		
AG12d	Client Age – 25–34 years	Required		
AG12e	Client Age – 35–44 years	Required		
AG12f	Client Age - 45 years and over	Required		
AG14a	Materials Distributed - Male Condoms	Required		
AG14b	Materials Distributed - Female Condoms	Required		
AG14c	Materials Distributed - Bleach or Safer Injection Kits	Required		

VARIABLE NUMBER	VARIABLE NAME	HD & CDC REPORTED REQUIRED	
AGGREGATE HE/RR AND OUTREACH (TABLE AG) (CONTINUED)			
AG14d	Materials Distributed - Education Materials	Required	
AG14e	Materials Distributed - Safe Sex Kits	Required	
AG14f	Materials Distributed - Referral list	Required	
AG14g	Materials Distributed - Role Model Stories	Required	
AG14h	Materials Distributed - Other (specify)	Required	
	HEALTH COMMUNICATION / PUBLIC INFORMATION (TABLE F	IC)	
HC01	Intervention Name	Required	
HC02	HC/PI Delivery Method	Required	
HC05	Event Start Date	Required	
HC06	Event End Date	Required	
HC07	Total Number of Airings	Required	
HC08	Estimated total Exposures	Required	
HC09	Number of Materials Distributed	Required	
HC10	Total Number of Web Hits	Required	
HC11	Total Number of Attendees	Required	
HC12	Number of Callers	Required	
HC13	Number of Callers Referred	Required	
HC14	Distribution - Male condoms	Required	
HC15	Distribution - Female condoms	Required	
HC16	Distribution - Lubricants	Required	
HC17	Distribution - Bleach or Safer Injection Kits	Required	
HC18	Distribution - Referral Lists	Required	
HC19	Distribution - Safe sex kits	Required	
HC20	Distribution - Other	Required	
	COMMUNITY PLANNING LEVEL (TABLE CP-A/B/C)		
CP-A01	Name of HIV Prevention CPG	HD only	
CP-A02	Community Plan Year	HD only	
CP-B01	Priority Population	HD only	
CP-B02	Rank	HD only	
CP-B03	Age	HD only	
CP-B04	Gender	HD only	
CP-B05	Ethnicity	HD only	
CP-B06	Race	HD only	
CP-B07	HIV Status	HD only	
CP-B08	Geo Location	HD only	
CP-B09	Transmission Risk	HD only	

VARIABLE NUMBER	VARIABLE NAME	HD & CDC REPORTED REQUIRED	
COMMUNITY PLANNING LEVEL (TABLE CP-A/B/C)			
CP-C01	Name of the Prevention Activity/Intervention	HD only	
CP-C02	Prevention Activity/Intervention Type	HD only	
CP-C04	Evidence Based	HD only	
CP-C05	CDC Recommended Guidelines	HD only	
CP-C06	Other Basis for Intervention	HD only	
CP-C07	Activity	HD only	

APPENDIX E REFERENCES

REFERENCES

- 1. Bandura, A. Social learning theory (1977). Englewood Cliffs, NJ: Prentice Hall.
- 2. Centers for Disease Control and Prevention (2003). Procedural guidance for selected strategies and interventions for community based organizations funded under program announcement 04064: Draft 9 Dec 03. Atlanta, GA: Author.
- 3. Centers for Disease Control and Prevention (2006). Provisional procedural guidance for community-based organizations: Revised April 2006. Atlanta, GA: Author. Retrieved March 14, 2007, from http://www.cdc.gov/hiv/topics/prev_prog/AHP/resources/guidelines/pro_guidance.pdf
- 4. Centers for Disease Control and Prevention (2008a). Evaluation capacity building guide. Draft in preparation. Developed by Macro International Inc. for the Centers for Disease Control and Prevention under contract number 200-2006-18987. Atlanta, GA: Author.
- 5. Centers for Disease Control and Prevention (2008b). *National monitoring and evaluation guidance*. Draft in preparation. Developed for the Centers for Disease Control and Prevention under contract number 200-2003-01926. Atlanta, GA: Author.
- 6. Centers for Disease Control and Prevention (2008c). *Program Evaluation and Monitoring System (PEMS) User Manual.* Atlanta, GA: Author.
- 7. Centers for Disease Control and Prevention. (2008d). National HIV Prevention Program Monitoring and Evaluation Data Set. Retrieved September 16, 2008, from http://team.cdc.gov
- 8. DiClemente, C. C., Prochaska, J. O., & Gibertini, M. (1985). Self-efficacy and the stages of self-change in smoking. Cognitive Therapy and Research, 9, 181-200.
- 9. Prochaska, J. O., & DiClemente, C. C. (1983). Stages and processes of self-change of smoking: Toward an integrative model of change. *Journal of Consulting and Clinical Psychology*, 51, 390-395.
- 10. Rogers, E.M. (1995). Diffusion of innovations (4th edition). The Free Press. New York.
- 11. Thomas, C. W., Smith, B. D., & Wright-DeAgüero, L. (2006). The Program Evaluation and Monitoring System: A key source of data for monitoring evidence-based HIV prevention program processes and outcomes. AIDS Education and Prevention, 18(Suppl. A), 74–80.





3 Corporate Square NE, Suite 370 Atlanta, Georgia 30329 Phone: 404-321-3211

Fax: 404-321-3688

www.macrointernational.com

